September 27, 1968

401,965

Mrs. Lucille Holt
[redacted]
Moncure, North Carolina 27559

Re: HOLT, Charles

Dear Mrs. Holt:

Thank you for sending the Consent for Sterilization of Charles. We will get to work on this right away, however, we are sure it will be late October or early November before the operation can be performed. We talked with his Vocational Rehabilitation Counselor and were told that he would not be moved to the Halfway House in High Point until after the surgery and, of course, Charles can go home after he has the operation and before going to High Point. We think this would be advisable. We will let you know about when the operation will be.

Most sincerely,

(Mrs.) Lora P. Wilkie, ACSW
Director of Social Service

LPW/jab

It is to be noted that the physician has discussed sterilization with Charles. He understands this and feels that due to the background of his family, the illnesses and the reported low mental ability, that sterilization should be accomplished. He states that he does not need children to have to support. He hopes he can be independent when he leaves the institution and may at some time want to get married.

Most sincerely,

(Mrs.) Lora P. Wilkie, ACSW
Director of Social Service

LPW/jab

cc: Department of Public Welfare
Chatham County
Pittsboro, North Carolina

4. Defects exhibited by individual which appear to be hereditary in nature.

Charles is mentally retarded as are both of his parents.

5. Reason for the decision to petition for sterilization. Describe individual's inclinations toward opposite sex, indications of sex experience, promiscuity, etc.

The decision to petition for sterilization was made by Murdoch Center where Charles has been instituionalized since August of 1964. As Charles has been at Murdoch for the last four years, the caseworker is not aware of what his sexual behavior or attitudes are. Shortly before he was dismissed from public school in 1964, the principal of the school said he was showing abnormal sexual tendencies, although the exact nature of these tendencies was not revealed.

6. Attitude of the individual and relatives toward sterilization, including their ability to understand the procedure.

Charles' mother has signed consent forms which were sent to her from Murdoch and the caseworker has talked with her about sterilization for Charles. She understands what it will mean and is acceptant of this plan. We especially emphasized that it was a way of protecting Charles in case he were falsely accused of having fathered a child.

7. Evaluation of sterilization in terms of the effects it is expected to have on the individual's future social adjustment in the community. Plan for continuation of casework services to the individual and the family (including planning for institutional care, if applicable).

The caseworker has received information that plans are being made at Murdoch to send Charles to the Vocational Rehabilitation House in High Point in an attempt to find employment. If these efforts are successful, Charles may become a useful member of the community. In this case, sterilization would protect Charles in case he were taken advantage of because of his low mentality and falsely accused of fathering a child. (Continued.)

8. Future plan for institutional resident as it relates to release from institution temporarily or permanently.

See 7 above.

Form completed by Jean Davis Date of completion 10-11-68

Title Social Worker I Chatham Co. DPW.

DOROTHEA DIX HOSPITAL
RALEIGH, N.C. 27602
Face Sheet

Weiss

HOLT, Charles Ander	2 HOSP. #: V40-19-65	3 PHYSICIAN:	4 FINANCIAL STATUS:
	6 UNIT #: 06 Medical	7 BLDG. #: 401	8 NAME OF INSURANCE COMPANY:

9 COUNTY: Wake	10 SOC. SEC. #:	11 VETERAN'S #:	12 INSURANCE POLICY #:	13 R R RETIRE. #:
14 DATE ADMIT: 10-29-68	15 HOUR ADMIT: 1:00PM	16 PRIOR OUT-PATIENT:	17 PRIOR IN-PATIENT: Murdoch	18 DATE PRIOR DISCH: / 19 VOC. REHAB. #:

20 TYPE COMMIT: Visiting	21 CHANGED TO:	22 DATE:	23 MS: S	24 AGE: 19	25 DOB: [redacted]	26 BIRTH PLACE: Wake	27 TWIN OR TRIPLET: No

28 SEX: M / 29 RACE: W	30 RELIGION: Bapt.	31 PSYCHIATRIC DIAGNOSIS:	32 NAME OF PERSON ACCOMPANYING PATIENT: Donnell Smith, Att.	
33 CORRESPONDENT NAME, RELATIONSHIP, ADDRESS, TELEPHONE: Lucille Holt (Mother) [redacted] Apex, N. C. 27502		34 DATE DISCH: 11-01-68		
		35 TYPE DISCH: direct	36 ADMISSION SOURCE: Visiting from Murdoch Center	

37 PT. NAME: HOLT, Charles Ander	38 HOSP. #: V40-19-65	39 LENGTH STAY: 3days	40 ADMISSION DIAGNOSIS:

41 REFERRING PHYSICIAN AND ADDRESS:	42 REFERRING PHYSICIAN AND ADDRESS:	43 CAUSE OF DEATH:

44 MOTHER'S MAIDEN NAME: Lucille Pettus	45 FATHER'S NAME: Claude Holt	46 SPOUSE'S NAME:	47

48 HIGHEST GRADE SCHOOL COMP:	49 URBAN-RURAL ENVIRONMENT:	50 LIVING ARRANGEMENT AT ADM: Institution	51
52 PLACE OF LAST ADMISSION:	53 USUAL OCCUPATION:	54 WHAT INDUSTRY?	55
56 EMPLOYMENT STATUS:	57 MONTHS OUT OF USUAL OCCUP:	58 COUNTY CASE #:	59

60 DIAGNOSIS #:	61 ESTABLISHED PSYCHIATRIC DIAGNOSIS (INCLUDING COMPLICATIONS):	62 DATES:
	Mental Retardation	

63 DIAGNOSIS #:	64 ESTABLISHED PHYSICAL DIAGNOSES (INCLUDING COMPLICATIONS):	65 DATES:

66 CODE #:	67 SELECTED THERAPIES (INCLUDING SURGERY):	68 DATES:
	Bilateral Vasectomy	10-30-68

DISCHARGED

69 ADDED DISPOSITION INFORMATION (DISCHARGE, TRANSFER, DEATH, AUTOPSY):	70 DATES:

	71 SIGNATURE OF PHYSICIAN:	72 DATE:
DMH 1-10-68 FACE SHEET AND ADMISSION REPORT		

Johanna Schoen, Interview with Wallace Kuralt
4 December 1993, Southern Shores, N.C.

[sterilization]

mothers were more inclined to accept the counsel of a doctor in those days than they were of a social worker. So, if you brought the doctor into it, it helped the process of acceptance

To get back to the sterilization program for a moment: did social workers that were involved in the program receive any special training to recognize mental retardation?

well, only what they got through supervision on the job. we alwyas had some RN's on our staff who cld help out with that sort of thing. well, I think that's primarily the way it was done. but recognizing the mental retardation that we were concerned about is initially wasn't all that difficult bec the mother herself was concerned with the inability of the child to perform or to react...and that sort of thing. and really, initially at least we weren't getting into the cases as early in a child's life as perhaps we shld...[ ]

So ordinarily, it wasn't any great job to convince the mother that something...done to help the child

Did Ellen Winston and the Dept in Raleigh express any special interest in counties using this sterilization program more than they had been in previous years? I guess I am asking bec when I was looking at her papers and doing research in Raleigh i found that esp I think Ellen Winston is very interested in raising the number of eugenical sterilizations and was really carrying out this program. And I am not quite sure how that translates on the county level.

You know, I am not sure either. But I think there was a long period of time there, even under Dr. Winston, administration--she was a very aggressive, progressive individual--but I think even under her direction there was not so much instructions coming out of the state agencies as there were lack of obstructions. I think the state was very careful not to obstruct this type of movement. But I don't think that it was promoted as aggressively as perhaps it wld have been today.

So you don't think she actively pushed to use the program?

I never felt any pressure. But on the other hand, she never did anything to stop it.

How was the working relationship with EW? How was she as a commissioner?

Oh, I just thought she was as fine as...could ever hope for. She was very well informed and she was a good listener and so far as my personal relationship was concerned I thought she was very supportive of what we were proposing and I wld almost invariably discuss future proposed developments with her before I moved ahead and she never did anything to stand in our way of developing this kind of service. But on the other hand, there were a good number of county directors who did not pursue this type of development, possibly bec it's a matter of "what's in it for me if I do" and "what can be in it if I don't." Or maybe I shld say it the other way. There was not financial rewared available to a director or social worker for pursuing new ideas. But there cld be pretty damaging relationships if you did push something. You know this is working in a field that you weren't sure what you were getting into in terms of public relations...We never had

any interruptions...but I think perhaps one reason is that the movement went cautiously. It was a program that was strictly voluntary. We weren't forcing anybody to do anything, except perhaps in the case of some very seriously retarded children...but even at that

I gather from a newspaper article that I have read and a couple legislative proposal that in the 60s there was a big interest--and I am not quite sure among whom, I think mainly among legislators--to tie the ADC program to the eugenic sterilization program. There was this idea that adc is getting so expensive that women who have children outside marriage shld really be sterilized.

well, we never pursued that Idea at all. I felt in the first place that was probably unconstitutional to do that sort of thing and so all of our efforts were strictly on a basis of voluntary sterilization.

Were there ever accusations in Mecklenburg county that this kind of thing was going on?

No, there weren't. Again, I think that perhaps part of the reason for this, first, it was, we were very strict in seeing to it that anything that was done was done voluntarily. And second, we always tied our operations in with some medical doctor, so that perhaps that may have prevented some objections that would have been there. And of course, we didn't seek publicity.

...for the birth control program. Yes. Once EW left, and, did you personally know Col. Clifton Craig? He was her

Oh sure. I never worked with him. I was out of...

Oh, you were out of the program then.

But, Eugene Brown is the one I knew who took over after EW left.

I think he did it for a year or so. And then Col. Craig came in. Do you know how long Clifton Craig was in Raleigh?

No, I never really had many relationships with him. And frankly, I wasn't much impressed with him.

Why not?

Well, I don't know, his mannerisms among other things. I never saw anything or learned anything about his past performance that indicated that he was...

Yes, I was a little surprised when I read about his previous job engagement that he had gotten the job in the first place...

I don't think that his period of being director contributed anything constructive to public welfare. But, maybe that is unfair to say bec I wasn't directly concerned with the state operation. But, along about that time I was working with the federal government. What year was this, you say?

that Clifton Craig started? 63 I think. I think Winston left in 63.

Well, I was

I guess he didn't leave much of an impression.

I was in Mecklenburg county at that time. But I never had much of a relationship with him.

Well, that says something about him too, in a way.

He was not a Dr. Winston.

As soon as he started, or, not as soon as he started, but a little later, there were so many changes on the EB that they actually discussed dismantling the Board. One thing that strikes me when I did research about this partic ster program in NC is that many states of course had these programs but most of them dismantled them in the late 1940s. whereas North Carolina really starts and then this program stops in 75 bec the idea of eugenical sterilization just isn't attractive any more. Do you have any theories, a) why the state continued this so long and why in 75 suddenly they decided this wasn't gonna do any more?

No, I don't know. I left Charlotte in 1972. But I wld venture to say that by that time the med profession to some extent any way was probably taking some initiative itself in getting... But, as I say, once I retired I decided that I

that you wanted nothing to do with it anymore.

I wanted complete separation from the whole operation...

What year did the pw dept in Mecklenburg county begin to offer contraceptives? Was that, was the onset of oral contraceptives in the 1960s?

I am not sure, bec I am not that certain of what was done in the dept before I came.

But you offered something a soon as you came.

But as soon as I came we were encouraging family planning by whatever means, you know. But, bec of the ignorance of the part of families, bec of inconvenience of the use of the contraceptive available at that time, bec of the need to do planning ahead of time that program was not very successful with poor families. With educated families...it did work, but with poor families there was nothing that worked very well or that the families were willing to use until oral contraceptives came. And then,

...then it changed...

it caught on very quickly and the, we participated. and one of the reasons that we participated as early as we did, I am sure, is that I was on an advisory board for [name] ...a pharmaceutical company. I was in a position to know what was happening. And when I first learned that the oral contraceptive had been approved by the Federal government for placing on the market I immediately approached the public health director, who was Dr. Corkey at that time. And together we developed a very extensive program of family planning to use oral contraceptives. But Dr. Corkey was also interested in, oh gosh, what is this plan that has come into disrepute here recently for causing cancer and that sort of thing?

A certain birth control method? Depo-Povera?

No.

Something else? [probably IUD]

What I mean, Dr. Corkey was not exclusively interested in oral contraceptives. She had other ideas too, which we didn't object to, bec we felt that the decision of what kind of contraceptive to use depended to some extent on the judgment of the doctors. But we did want the patients to know that there were several plans that could be selected and they should talk to a doctor about these things. But the simplicity of participating in family planning with an oral contraceptive is what put it...

Did you already try to send around the homemakers knocking at doors to motivate women to use these services before oral contraceptives or did that really start with the oral contraceptives?

[started with oral contraceptives]

And before that social workers who would deal with individual families would just discuss family planning and suggest possibilities and then women would then women would take it up or they wouldn't?

Right. But as I say, before oral contraceptives any plan for birth control that was available did require sanitation and some self discipline to make them effective. And, but with family planning, we were not conscious of many failures. And of course the word gets around. Actually, we were offering oral contraceptives for family planning to poor families long before they were readily available to families who could afford to buy them themselves.

Oh! That's interesting.

And I suspect that when the doctors saw how effective they were they spread the word themselves.

Who was eligible for your contraceptive services?

Well, so far that we were concerned anybody who wanted to use them.

Does that include unmarried women?

Yes.

I am amazed that this went over in Mecklenburg county. Because when I think of today, you know, they have this discussion of offering condoms in high schools and stuff. And everybody is always so concerned with raising sexual promiscuity. Were there any concerns over that expressed?

We never, I don't recall a single instance where anybody raised any kind of an objection to our activity in the use of family planning.

Does that surprise you in hindsight?

Well, I have never really been surprised about it because we were very cautious in the way that we... And we were very, very careful to promote the idea that this is a voluntary program and it is not something that we require of anybody. There is no penalty if you don't. So I think that is one reason that we never got criticism.

I guess, if you didn't get criticism from that side I am a little surprised also that you didn't get any criticism from churches.

Well, as I say, one of the things that may have prevented the criticism is the fact that in those days the newspaper would not print an article about that sort of thing.

Yes. So you think a lot of people actually were not aware that you were offering...

...were not aware of it. And I think that our care to see that a doctor was always involved in the whole process contributed to its success. Because if churches were involved, they might have been much more hesitant to criticize a doctor's performance than a social worker's performance. But for whatever reason we never ran into any criticism about the family planning program. And I think part of it was that we were able to demonstrate that it did work in terms of reducing the birth rate of poor families. And then, so far as reasonably well-to-do, self-supporting families were concerned, that, proved to be acceptable, because for the first time there was the closest thing ever to an absolute guarantee that a woman could control whether or not she was gonna have child or not. It almost eliminated so far as we could see, it almost eliminated the unwanted births in families who were well to do. So, as I think back on it I think it is quite remarkable that somehow or another we didn't get any opposition.

I find it remarkable, yes. I think the reason why I find it remarkable is because I follow discussions today. And I am just thinking of the debates that they had in the Chapel Hill high school. I think, you know, that Chapel Hill is a very liberal and interested and educated community. And, of course, they also have their problems with teenage pregnancies. But they couldn't get to the point where they put up a condom machine or have them distributed through nurses.

Of course, we never promoted or gave any indication that we approved, which we didn't, of unmarried sex.

No, but that is what you have to calculate with.

But it is present in our society. And this is a problem that can prevent social disasters. So, I would never say it should not be available for anybody who wants it, regardless. It's a matter of helping a family to plan their own affairs constructively.

Did poor women sometimes say that, although they were interested in family planning that they had problems convincing their husbands that this was the right thing to do?

Well, if that happened, I never heard of it. Nor did we make any inquiries as to what extent women who were participating were communicating with their husbands on that sort of thing.

That's true, for oral contraceptives they would not have to know. Did you find any differences in motivation in the white vs the black community in using contraceptives?

We found universal acceptance.

[turn of tape]

by getting the service, we bought the medication, we transported them to the doctor, we did everything possible to make it convenient for them to participate in the program.

How did you get the word out? Mainly through the homemakers?

Largely.

Did you approach women's groups, PTA's, churches, or were really the homemakers the central people?

The homemaker, well, the homemakers and social workers were the ones who did it. But we didn't hold any public meetings of any kind to talk about it. We must have done something right with the program as it was.

Yes, word of mouth, too, I think. This program was financed from the tax revenue that Mecklenburg county had?

Almost exclusively.

Almost exclusively. So, there were also no reasons for the state or federal government that they would be able to object to this program. I know that the federal government has criticized for a long time using federal money to offering contraceptive services.

Well, so far as we were able to ascertain there was no federal or state or local legislation that would prohibit what we were doing. Now, on the other hand, there wasn't any legislation that said we may do it. Except, that the federal government gave permission to use oral contraceptives as a safe medication for patients to take. But, there was no legislation that I ever heard of that said women are permitted to practice family planning. In fact, I don't know that there is even today.

No, I think, the only thing that they did is abolish the legislation that said women are not permitted to...Yes, I don't think there is affirmative legislation. Does the name Clarence Gamble say anything to you? He is one of the heirs of the Procter and Gamble families and he was the one that actually furthered the money for the contraceptive program that the public health dept started in 1937. He was a physician. I was just wondering how far people actually knew about him.

[denies]

[on abortion]

[race relations in Mecklenburg county]

Well of course, there was a good bit of separation. I was not aware of any real friction. Companies were beginning to employ blacks where they had not been employed before...
I would say race relations were not fractious. If any effort had been made toward intermarriage I think

Interview with Ed Chapin, Charlotte NC, 19 June 1997

JS: Let me ask you first a little bit about your background. Did you grow up in Charlotte, or where did you come from?

EC: No, I was born in Boston

JS: Oh, really

EC: Boston, Massachusetts, and I matriculated to Charlotte in June of 1959, after my completion of my first degree from a business college up in Massachusetts, called Bapson, very fine school. And I came down here associated with the Brewery and spent a couple years down here, went back to CT for two years, to be with my ailing father and then after his death I remember very vividly, my mother said "you are free to do what you want to do." I was kind of in the business arena because of my dad and I had other aspirations and I came back to Charlotte in 1963 and went to work for the old public welfare system in 1964.

JS: What did you do before? You finished high school, and what did you do after that?

EC: Well, I finished high school prematurely, I left very early in my senior year to join the navy during the Korean conflict and finally did I graduated in, I led my class in, in uniform, class of about 800 and somewhat students in my uniform I had been in the Navy about six months when I graduated from high school. And then had 3 years in the United States Navy, came back up, in Boston, went to school, and then moved to Charlotte in the beer business and spent 3 or 4 years in the beer business before I went to work for public welfare

JS: So, you got an MBA or something like that.

EC: Yes, I got a BS in business administration.

JS: what brought you into the beer business? Was your father in the beer business?

EC: I had some relatives, yeah.

JS: Of course, Germans like beer.

EC: Oh, yeah, as you can tell I like beer too.

JS: Had I known, I would have brought you some. OK, and then in 59 you came down and then you went back up and then in 64 came back down

EC: 63. In 63

JS: what got you into public welfare?

EC: well, I changed my whole philosophy of a, I was a, everything was measured by the toys you had and how much money you earn and that just wasn't fulfilling for me and I took a long look at lots of things: teaching, social work, the ministry, which amazes people,

teaching and parole probation, and I thought I give public welfare, social work a try. that interested me, I had some interest, and I knew that if I had some interest that I would have to go back to school. So, I went to work for the dept. of pw back in 64, I guess, 64, and then the following year I went back and got my masters degree from the U of NC at Chapel Hill.

JS: Oh really, so you got a master ‘s in Social work

EC: yes, yes

JS: how did you like Chapel Hill?

EC: ah, well, [indistinguishable] at that point in my life I am 30 years old, I’ve got two children, a wife, and I’m going to school on a public welfare scholarship, on a mental health scholarship, on about $2500 a year. It was tough. So, I really didn’t like Chapel Hill for that reason, but Chapel Hill is magnificent. It’s a fine, fine university--much better than these Yankee universities. It’s a great place, a fine school. Now, the school of social work has really, has really grown and become one of the finest schools in the nation. I am still, I am very active with them.

JS: I understand they endowed a chair in Kuralt’s name, didn’t they?

EC: yes, they did. yes, they did. ah, yes, we did.

JS: that’s great.

EC: It was. yeah, it was a lot of fun. I played a role in that and raised some, actually, a lot of money.

JS: How was the education at the school of social work? What kind of philosophy and emphasis did they have?

EC: well, it was a functional school as compared to a diagnostic school -- functional. Ah, it’s changed now. We had, I think, 2 or 3 tracks. There was an administrative track, and I think there was a case work track. There was a community development track.

[some tape problems]

JS: So, what was the very first job that you got when you

EC: AFDC, Aid to Families of--that was then ADC, Aid to Dependent Children as a social worker. We had, I think it was called the family services where we had caseloads not to exceed 60 cases per worker. And we did all of the services. We did not only the eligibility determination for ADC but you did all the social services that the family needed for support, educational, school for the kids, make sure they were using, at that point, donated commodities--that was prior to the food stamp program, sterilization, if the mother wanted to be sterilized because she had enough kids, interesting--all of those general services that families needed to survive.

JS: I find it interesting that, I remember that Kuralt told me that too, that back then you essentially started the job without having training and then you got training as you were on the job, but you didn't have to have any background in social work.

EC: No.

JS: Did all the workers who worked in public welfare in Mecklenburg county then go back to school and got a degree or was that an unusual thing to do?

EC: It was basically unusual, very few of us did. I think we had a staff of about maybe 140, 150 people and I was one of maybe 3 or 4 males

JS: Yeah, I was just gonna ask

EC: Yeah, it was primarily a female

JS: a female occupation

EC: yeah, and the little young junior leaguers, you know, the little teeny boppers who had finished college and wanted to do something before they got married. And, tremendous turnover, a lot of young girls, out of school, and then worked for a couple years, and, you know, marriage, and maternity, and so there was a great deal of turnover. There weren't too many people that stayed for, as a thirty year career.

JS: I have to say, sometimes, when I think of that now, and when I look essentially at the people who get social work positions today, it must difficult to head such an agency and to provide high quality services with people who are essentially relatively young, have little life experience, and really not much background in this area.

EC: It was. It was a real challenge. With the turnover and, really, we needed consistency and standards. It was very difficult. And it continues to be very difficult. Now its very, very different since, I guess in about 73, they split eligibility and the services and that was a, where the eligibility became pretty much a clerical function.

JS: Right.

EC: Yeah, and then the services, we started to require that people have training on the way in. That, you know, that there be a higher level social worker II. You had to have x number of years or a masters and we began building in higher standards and that part became eas...then we had more career oriented people who were making it a career.

JS: So, in 66, or 67, you got your degree on social work

EC: mhm, 67, I think

JS: And how long did you stay a case worker

EC: Ah, maybe thirty days? A short period of time. When I came back from school I had been gone two semesters and then I came back for the summer and worked as a case worker during the summer and went away for two more semesters and came home -- so there was a lot of time back in the agency. But I came home, ready to go to work, and at

that time we were, we were, the agency was running a very unique program for a drug company, doing a blind study. Some physician in California, female, had noticed that a drug, and I can't remember its technical name but it was called flagil, and it was used for some female problem and the females noted to this physician, and the companies name was GD Sherril, which is goes back to the Enova story I am sure we will talk about. Judy Sherril asked the department, Mr. Kuralt, because of some previous [?] to test this drug. There apparently, a physician reported that her female patients on the drug noticed some aversion to alcohol. So we did a blind study for the drug company administering flagil and a placebo to a group of, I guess it was a couple of hundred patients, to see if flagil indeed diminished ones desire for alcohol. And I became supervisor of that, worker and supervisor of that study. My office was in a physician's office and we had a caseload of alcoholics who were, some were administered flagil, some a placebo, and I did that for, I guess about 18 months until we concluded the study.

JS: How did the agency become involved with this pharmaceutical company?

EC: Well, it goes back to the whole beginning of a lot of Kuralt's curiosity and interest in family planning notions. He was actually, if you let me tell the story, he was actually flying back from a trip west and was reading readers digest and was reading about a new birth control pill, called, I think it was Enovid, made by GD Sherril company, and got interested in it and thought that that was the answer to some of the problems in Charlotte, NC, and this was in the, I guess, the late 50s or early 60s, contacted the CD, CD, GD Sherril company and apparently met somebody on the airplane from the drug company and they began a relationship and the drug company supplied Mr. Kuralt with some, and the health department, I think then, with some birth control pills and Wallace was able to convince the then commissioners that might be able to make a difference in this community and hired a number of homemakers and the homemakers, under Wallace's supervision, and the department supervision, knocked on every single door of this community, low income, asking low income citizens if they would like to stop having babies. They would want to participate, if they wanted more children, if they didn't want more children, here was a method and a desire...se, we began a real first effort to look at the problems of too many kids, unwanted children

JS: So, how was this received by the clients

EC: Oh, I think very positive. It preceded the notion in the nation that came about a few years later that widely divided services and eligibility. There were some groups saying that social workers were saying, here is your pill and here is your check, you can't, you gotta have them both. The profession was mandating that, forcing people to make choices they didn't want to make around having children. Here is your pill and here is your check -- you gotta have 'em both. And then they separated services and eligibility and got the social workers out of determining eligibility, tying eligibility to services. That you had to have services. So, the answer to the question: it was very well received and I think made a very, if someone did a statistical analysis of the population, apparently made a significant difference in the number of children born in Mecklenburg county during that period of time when that whole effort began with homemakers, as we called them, and knocking on the doors and trying to work with low income people and the number of children, the families way back then were, I am sure, statistically much larger, I mean we know that nationally know, then they are today. Big difference. I remember having cases were it wasn't unusual to have 6, 7, 8, 9 children in the case loads. Now, I doubt very seriously if, there are hardly any welfare cases, I am sure a few, very, very

few, with that number of children. At that time it was very common, now it is very uncommon.

JS: How did Mecklenburg county deal with this issue that you just raised, about making the receipt of welfare payments contingent on the use of birth control.

EC: Of course, we never did. And yet,

JS: Were you ever accused of doing that?

EC: Well, I think**, I think there were some, not publicly. I think there was some concern on some people that the term, eugenic sterilization, that we were doing sterilizations for women and perhaps some subtle arm-twisting, arm bending, around sterilization. I remember one of my coworkers whose office was next to mine, and as I said earlier, we had defined services, 60 cases, and I guess, I am embarrassed to tell you that I think he sterilized his entire case load, that all of his caseload, over a period of a year or two years, he got all of the women sterilized. I think that was perhaps a little excessive.**

JS: Was that addressed in the agency, when a worker decided to do this? Because I assume that the attitude that workers had towards their clients and towards the number of children that they had must have differed drastically.

EC: No, I think each of the, I think it was addressed in the sense that we wanted to offer people the opportunity to change their way of life and to make decisions. And we wanted to offer that, if there were basis for sterilization, emotional, mental, physical, that that was something that could take place, but I don't' think the aggressiveness of one or maybe two individuals was ever really addressed.

JS: Was there a philosophy on Kuralt's side, that kind of transmitted into the agency, that workers should be careful to see, you know, about this issue of arm twisting? Or was the attitude more, these services are available and the social workers utilize the services as they...

EC: I think it was the latter, that we were very aware that this was an area that we want to make available to individuals, that they could make these choices and they could stop having children if they wanted to make choices. I don't think we ever talked about the aggressiveness of one or two individuals sterilizing a whole case load, or something like that. And that may have not ever come to Mr. Kuralt's attention, that somebody had actually gotten 60 people, and they may have been less than 60 people, because there were some that obviously, that were beyond childbearing, you know. And I doubt that that ever got his attention. I am sure that we were enthusiastic, maybe that's a better word than aggressive. There was just a lot of enthusiasm about these issues. It was an exciting time.

JS: Now, Jenny showed me a packet of material that apparently was used to train, I don't know, homemakers, possibly, on these issues of family planning. What I found remarkably about this issue was that actually addressed, and homemakers discussed things like, you know, possible client opposition, religious issues, moral issues. And in the document that she showed me it seemed to address it in a way that there was a genuine discussion about the positive as well as the negative aspect of offering these

services. Did all social workers receive this kind of training or did not all of them go through this?

EC: My guess would be that not everybody received that training. That's going back a long way and some of that predates when I was with the agency. I don't know what sort of training workers had in 59, 60, 61, 62. I only could guess about after I got there. I think the information was available to most of us in the later times but I don't know about initially.

JS: So, what was Kuralt's official philosophy for offering all of these services?

EC: Well, actually, he very clearly understood the dynamics about large families and people unable to care for children and people wanting to have choices and wanting to not have large families and I think he was searching for ways to get this information and education out to the public. especially to the indigent public. And that he knew that that could make a difference in somebody's life. in people's life

JS: And how did he convince the county commissioners to give money for this program? Or maybe we should back up. What was the relationship between him and the county commissioners?

EC: Well, he, I don't know what you heard but he had a roller coaster relationship.

JS: I haven't heard much and I have to say, I find the county commissioners very intriguing. So I wanted to learn about it.

EC: Well, intriguing isn't even close. What they were then and what they are today are two very different things. One is, that in the 60s we had five commissioners, and of course, today we are "blessed" that there are nine commissioners in this community. But Wallace had a sort of a roller coaster ride with the commissioners during his I guess 25 years of service. And it was dependent upon who was in office at that point and even today there are two year terms so for 2 years he might have a group of very sympathetic understanding individuals and then the pendulum would swing and the next year we got a group of not so understanding not so sympathetic budget minded penny pinching nonvisionary elected officials. So, we kind of, and even in my career, kind of rode those peaks and valleys of political dominance by one party or one group. But I think Wallace found a very sympathetic ear back early in the late 50s, early 60s with a group of commissioners that had some vision and he was able to convince them, they moved ahead. So, we had some visionary commissioners

JS: and he was able to take advantage of that. After they were voted out, was it hard to continue getting funding for these programs, or once the program was in place it wasn't really such an issue

EC: I think once a program in place, it was well secured, we, I think, had established that it was successful and made a difference in this community there was a lot of support from the health dept. and advocacy groups, there were welfare rights organizations way back then, that was something that was very prevalent. We had some very aggressive welfare rights organizations who didn't make that a big issue. They were after other issues

JS: what issues were they after

EC: Oh, why clients were, termination of benefits, mostly the financial, not so much the services, mostly relating to eligibility issues and level of payment, the state is not very proud of its level of payment to a mother and 3 children. So they were more interested in those issues rather than the issues of services

JS: Now, the county commissioners are the ones that approved the finances for anything that public welfare wants to do. Is there also an advisory board for public welfare, or a board of directors, or something like that

EC: there was a board of public welfare back then

JS: OK, what did that board do? How is, are they involved with the policy process

EC: They, along with the county commissioners, hired the welfare director. That was sort of a joint decision. They made a recommendation to the commissioners and usually the commissioners follow it. That was one of their functions. They would point out unmet needs in the community to the commissioners. They approved a budget prior to adjourning to the commissioners, they were appointees from the commissioners, from the state to that body, there were, was a body of five, there were two appointees, that the commissioners made to that body, two appointees that the governor made to that body in each county, and the 5th appointee was appointed by the other four members. And the board of social services or public welfare would normally meet once a month and conduct its business in public, an open meeting, normally not attended by very many interested citizens or advocacy groups, and they were the eyes and the ears of the commissioners. And then, annually, especially around budget time, they would, if there were appeals to be made on behalf of special projects, they would come to the board meeting and be the advocate group for the director. That stayed in place, and still is in place, in almost all the counties in North Carolina except Mecklenburg.

JS: Yeah, I know that changed in 1973, didn't it?

EC: I think it was 83

JS: 83, OK

EC: Yeah, with the Human Services council, where they abolished the board of health, the board of social services, and the board of mental health, and appointed a human services advisory board which by the way was voted just Tuesday night

JS: I heard that

EC: you heard that

JS: yeah, I was quite amazed

EC: yeah, yeah. so there was a board of public welfare and then obviously social services.

JS: how about your relationship to the board of public welfare--was that essentially like the relationship to the board of commissioners, if you were in the welfare office and you wanted to, you know, get your programs through and get funding?

EC: Yes, yes. Yeah, the board of social services or public welfare was very instrumental. Yes, and Mr. Kuralt had an excellent relationship with the board

JS: a better relationship with the board than with the commissioners

EC: yes, cause he was, the board had more continuity of leadership and he had more access to the board of social services or public welfare. Yeah, he had a, and he probably had some role in who was appointed to the board. I know that in my years that that was very important

JS: how much publicity was there about the family planning services that he established?

EC: I think there was a great deal of publicity. Yes, I think there was a great deal of awareness in this community what was going on. And, of course, this was I guess the biggest advocate was probably the printed media. And this was before, remember this was the late 50s, early 60s, this was before the real electronic, you know, TV was really rolling. but, I recall there was a good level of publicity.

JS: And was it, were they writing positively about it or were they critical of it?

EC: Oh I think they were very positive. This was something that was well supported by the leadership in this community

JS: Mhm, which probably then again helped with the continuing funding and the continuation of the program

EC: Oh yeah.

JS: Was there a discrepancy between Kuralt's motivation for doing that and his official arguments? I was going through some records and what I found interesting was that he tended, I had the impression that the tended to stress economic arguments. You know, essentially saying that if we provide all of these services our ADC bills will go down and essentially we will save money. Did that play an important role in trying to garner support for this program?

EC: Oh, at times I am sure it did. With certain governing bodies, you know, as the pendulum swung and we ended up with a conservative penny pinching board I am sure that was a very popular argument to be used. And, actually was an accurate argument that sure there would be some economic advantage to lessen the size of families

JS: right. Were all of these services offered to single women and single girls as well or did people have to be married to qualify?

EC: Oh no, it was offered to, as I recall, to anybody.

JS: And was there opposition in terms of this raising promiscuity or anything like that?

EC: No, in fact the, I remember the attitude of, being from Boston I was very aware that there was a catholic population down here and I remember the attitude of the reigning catholic authority who in essence, I am not too sure this is the exact quote, who in essence that, "look, I am opposed to this, this is against what, but I am not going to publicly stand in your way. You know, I, you know, go ahead and do it and I am not gong to make any public, this isn't the way I would handle it but I understand where you are and I understand where I am in this community and I am not going to make a big thing of this. So, they, I just, a generous phrase would be they turned the other cheek. and let, let us, Mr. Kuralt, go on without raising any catholic furor over the issue. That changed a little bit later around the abortion issue.

JS: How about other religious bodies.

EC: No.

JS: They didn't say anything either

EC: No, no.

JS: That is very interesting. Yeah, somehow I think that the public discussion and the way things are received have changed drastically.

EC: If they said anything it was only in the supportive role, but not in the negative. a negative way. I think there was some support, some public support, but not negative. there wasn't any negative, even within the catholic

JS: that's very interesting.

EC: until, until, oh, I guess the, we had a terrible abortion crisis.

JS: OK, tell me about the terrible abortion crisis.

EC: Well, one of the things that Mr. Kurt did, back in the early 70s, or maybe late 60s, is, we were able to secure some funding, a very small amount, I want to say $25,000 for planned parenthood so that the department of social services, not the county, the department could pay planned parenthood $25,000 a year to help them with their educational services. Well

JS: This was Sarah Bryant's planned parenthood

EC: Yes, yes,

JS: I met her.

EC: Oh yeah?

JS: I am being thorough.

EC: Oh, OK, great. I would have, we would have gotten, I would have told you about Sarah. I wasn't hiding her. She is a great lady. And that ended up in a, years later, in a near riotous situation, a horror show, about the county paying planned parenthood any funds,

and was eventually removed from the budget, and oh a big near riot one evening at the commission meeting with hundreds and hundreds and hundreds of people in attendance from both sides. I was director at that time and it was a near riot, a near disaster.

JS: I am feeling sorry for you.

EC: Yeah, I had been lucky, though, because a couple years earlier I said "this, you know, this is wrong that it be in the department's budget, that, this is bigger than the department, this is a community issue. And a department shouldn't be hit and attacked -- the right to life folks ought not to attack the department of social services even though we support what's going on. It's a political issue. And you know, go to the, attack the right sources, don't beat me up. If you want to beat somebody up over that issue it's a political issue, beat up the politicians. So, I got it out of my budget and it became, it was in the county budget. So, when we had that near riot it was in the county budget and I didn't have to defend it, the politicians had to defend it. And, of course, it eventually got out of there.

JS: Now, do you remember what year that was?

EC: Oh, lord, no.

JS: roughly, sometime in the 70s?

EC: yeah, sometime

JS: was it after roe v wade or before? don't worry

EC: I really can't. what year was?

JS: 73.

EC: It was after

JS: OK.

EC: yeah, yeah, it was after

JS: how would you explain this shift from essentially ignoring or looking benevolent on these services to the situation in the 70s

EC: well, it became rather than a local issue, it moved to sort of a national scene. And I think some of our leadership, some of the leadership and the rights organizations were looking at it had been activated by some national interests. That kind of came down on the local level.

JS: mhm.

EC: I had a terrible time. My children were in catholic schools and I did, I did some teaching in the school system, had been invited to talk to some high school classes. And when the feds cut off the federal funding for abortion I went to our commissioners and said, "look, we can't tolerate this. We've got to have some funds." And got a local

appropriation to make up for the federal abolishment and at the same time had been asked to speak at one of the classes in the catholic schools and got there and wasn't allowed in and was told that

JS: really,

EC: yeah

JS: vow,

EC: yeah, I wasn't welcome and it was not a pleasant thing to go through.

JS: did your kids complain?

EC: my children didn't. I did. we had a, I wouldn't want to embarrass her, but a nun who was the principal who was about 3 foot 11, real short little gal. I remember I went to her office one day and the door swung open and she said "now Mr. Chapin, we've treated you badly, haven't we?" And I said "sister, don't do that to me. I don't want to fight." And she said "no, we've treated you very poorly." And she took all the winds out of my sail and calmed me down. But, nonetheless, I was not allowed to come into the school. And, so, there are still some real difficult feelings in this community between the two, the for and the against crowd around the abortion issue. That's still a very, very difficult issue in this community. The Sarah Bryant's did a marvelous job in this community in the early years. We've had all sorts of problems. Yeah, we had some physician, a physician who was a, I don't want to say abortionist, that sounds, he practices abortion and early in the scheme of things he accused us of directing clients to one facility and not his facility and he was not above sending in clients who were claiming they were pregnant to see if they get referred to, where they get referred to. And we were very careful to instruct our social workers that what you do is when you're faced with a client who needs some services that you give them a list of what's available and let them choose rather than be directed. And, so, even in, of course, he is still around. And, it was a very difficult time. And then, of course, the federal funds got cut off. That then didn't become as much of an issue. We weren't paying for as many folks.

JS: Now, Kuralt was also involved in trying to pass an, essentially a reform of the abortion bill in 67, I think it was 67. 63? I think it was 67. Do you know anything about that? With Art Jones

EC: Art Jones was one of the legislators. Yeah, I don't recall the specifics...

JS: They were essentially, what they were trying to do is pass a reform of the abortion bill in North Carolina. This was before Roe v Wade. to make it easier for physicians to provide abortions and what essentially happened was, there was a big debate. This whole thing took over two years and there [indistinguishable] but a number of letters pro and in opposition to this with arguments that came up in this whole debate. And then the legislature passed a watered down bill that I think Art Jones and Kuralt had a lot of hopes that it would change things but it essentially didn't because it was watered down. And it's funny, because I asked Wallace Kuralt about this, his engagement in this whole battle, when I interviewed him. I don't know if he really didn't remember or if he claimed he didn't remember.

EC: When you interviewed...

JS: When I interviewed Kuralt. I interviewed him before he died.

EC: Oh, did you really?

JS: Yeah, yeah, about four years ago.

EC: Oh really?

JS: Yeah, I went down to Southern Shores.

EC: Oh yeah, oh right, yeah. Oh, I didn't realize that, yeah. You'd said that earlier and I thought I gotta check up on that.

JS: No, its actually true.

[laughter]

EC: Oh, that's good.

JS: yeah, it was great to meet him.

EC: Did you go to his home?

JS: Yeah

EC: Yeah, wasn't that a lovely place?

JS: Oh god, I could've stayed there forever. It was so gorgeous.

EC: He and I had a very special relationship over the years. He was a, a quite a guy.

JS: Yeah, he must have been like a mentor to you in terms of

EC: He was, yeah, he was a genius in terms of his visionary capabilities. His administrative skills were... But he was a visionary. And we had a long, long, I came in 64 and was director in 71, really 72, so we had, I worked for him about 8 years and then became a lot closer to him after he left and the years before he left, once he retired I became even closer to him. And he gave me lots of good advice, sometimes

JS: Tell me a little bit more about the sterilization program. Now, I know that there was this eugenic sterilization program. How much use did Mecklenburg county make of this program?

EC: quite a bit

JS: and what kind of cases did they try to get through the board

EC: a lot of it was related to levels of IQ. Yeah, we had some child who obviously wasn't gonna be able to protect herself who was coming into age of having babies

and didn't have the capacity to make decisions or protect herself. Horror stories, you know, of 14, 15 year old girls whose, whose parents were caretaker, didn't want to, didn't want to think about sterilization, who ended up pregnant almost immediately. I can remember one, one couple whose daughter was very, very limited mentally and who rejected the thought of having their daughter sterilized and regretted it within two or three months--she was pregnant. So, it was mainly related to a girl's ability to care for herself and protect herself, make decisions around...

JS: I am reading through, I actually got access to these eugenics records and I am currently in the process of copying these 8000 case files so I can take them back up and deal with them. And what I find difficult when I read through all of these cases, these are not the original case files of each patient but they are essentially the agenda of the eugenics board meetings, so they provide a half page summary of each case. Although, I've interviewed a couple people who sat on the board and they told me that usually board members didn't read the whole file, they just read the summary and then they voted on it. So, I find it hard when I read these descriptions and summaries to assess, you know, what are we dealing with here. Was there any concern then that people scored low on these IQ tests because they didn't have the educational advantages that other kids might have had?

EC: No

JS: So, this was not an issue of economic and educational deprivation and more an issue of genuine mental retardation.

EC: And, a psychologist, I am trying to remember her name, if you've read the records, there was one psychologist and a, I can't think of her name

JS: who wrote evaluations? Dorothy Griffith?

EC: Dorothy?

JS: Dorothy Griffith? She is the only one that comes to my mind.

EC: Dorothy Bowers? Griffith? It was a Dorothy Burgess.

EC: OK

JS: Dorothy Burgess, right. And the social workers used to prepare a summary and then she'd do her study and it would just be a regurgitation of what the social workers said. So, it was a, in my opinion she just was, you know, not doing a real in-depth assessment of these clients. At the same time that there were all these eugenic sterilizations

[end of tape, side 2--Chapin reports about the presence of voluntary sterilizations]

JS: These voluntary sterilizations, did they also go through the eugenics board or could one get voluntary sterilizations

EC: no, one could get, one could get, I am sure in this community, a voluntary -- before, I am sure, things sort of tightened up.

JS: Well, there was a, apparently, I don't know how much you know about this, but Kuralt was also involved in getting passed a voluntary sterilization bill. Because, before 1963 it was, there was no legislation that regulated voluntary sterilizations and many physicians didn't want to do them because they were scared that they would be... Do you know anything about his involvement in that?

EC: Ah, not that I can recall. I recall the issue, but I, but I don't recall any specifics.

JS: But, what you are saying is that the voluntary sterilizations didn't go through the eugenics board. They went independently. The public welfare department just [indistinguishable]

EC: well, through the sources of premedicated funds and indigent hospitalization funds. We had, the mechanism was applying for medicated aid -- [something indistinguishable about insurance policies]/ Yeah, it's, prior to Medicaid, you know. So it wasn't the county funds necessarily, although we did have some indigent hospitalization funds. But we still have to this day, you know. We provided the local hospitals with $17 mio last year for aid for indigent hospitalization funds. And what they do with those funds

JS: is their business.

EC: yeah, yeah. So, it was there was the eugenic sterilizations which were sometimes, I guess, I guess the female didn't have to voluntarily submit to that. I guess, those were, those could be done against their will.

JS: they could be

EC: yeah. And then there were the voluntary sterilizations in which probably, the numbers probably far exceeded, you know

JS: yeah. do you know if they were done against their will?

EC: I can't recall. I can't recall a situation. but

JS: it's a shady area anyways, because what constitute free will and information

EC: yeah, yeah

JS: now, after 75, after the eugenics board was abolished, what happened to the people who went to the eugenics board then? I mean, what happens to them essentially today? Are they still getting sterilizations? Are they just getting them a different way? You know, during your tenure, after there was no longer a eugenic sterilization program?

EC: No, I think there was a great slowdown in what was provided. No, so I don't think people are , I don't think the dept. is any longer

JS: able to do this

EC: able to do that, yeah.

JS: Let me see, we have jumped so much around. One of the things I wanted to ask about a little bit was the relationship between the programs set up in the 60s and the Great Society Programs, the War on Poverty. Was there any? Or was it just that this was a general area where people were enthusiastic and discovering that there was poverty and that something needed to be done? How did the Great Society take shape in Charlotte?

EC: Well, then, we moved from this area from this tremendous awareness of the necessity for family planning, OK? And then we kind of changed our focus to early childhood development, recognizing hey wait a minute, we have shifted our focus and said here is an area that really needs some attention. OK, and we put mega resources into child development centers. Child development became the big focus of our prevention. here we were preventing, our prevention was related to family planning, and we sort of shifted for a lot of reasons, some of them national, and we made this change to where our whole focus on families was early childhood intervention, with we began to, we administered, I think we had 10 to 12 daycare centers that the county ran, ah, and recognized that hey look, you get to these kids in their first, it was then in their first five years, you can really make a difference in their lives. They will not be the children who go to jail, they will not be the teenagers who have children, who don't have a success on their life, who don't finish school. If we provide these kids with preschool environment and opportunities that these will be kids who will succeed. So we put millions and millions and millions into that focus. And still today do. We now spent, I think this community spends about, I take a guess and say, probably nearly $25 mio in early childhood development. And now the focus is even younger. Now the focus is, I am teaching right now and I don't mean to be, but I would say the focus is maybe even under two. is that right professor?

laughing

EC: now I am asking. Isn't that right?

JS: yeah,

EC: yeah, so, we, you know, so that's, so this whole focus of this one area of family planning, kind of, the next step was child development. And we did not, were very careful labeling it daycare and in calling it child development. There are lots of bus..., lots of good quality daycare out, but its not like child development

JS: It's not the same

EC: yeah, so, and this community has, somewhere in the neighborhood of $25 mio. And then some other things happened during that period of time, during that evolution, like child protective services, adoption went to hell, you know, adoption services just got blown out of the sky. They just, adoption of a white normal healthy infant just evaporated because of the pill, because of abortion [indistinguishable] Great Society you were looking at prevention [indistinguishable]

JS: during this time period, you know, the late 50s, early 60s, was there any attempt to involve the black community in any policy decisions in welfare, for health programs

EC: yes

JS: how

EC: involving the blacks in decision making. You know, it was very apparent that we needed to put blacks on the advisory boards. There was a black gentleman who was on the public welfare board, the social services board by then.

JS: when did that start?

EC: late 60s. In fact, his name is James F. Richardson. who later became a representative in the state legislator, senator, and just last year was hired as a county commissioners. so he goes way back to the late 60s. So, the answer is yes, we wanted to involve the black leadership in decision making at policy level and that was done, successfully. I think politically blacks were elected on a regular basis to the city council and the board of county commissioners and

JS: were they elected throughout the 1960s or did that start in the late 1960s as well?

EC: probably the late 60s, early 70s, yeah. I can't remember what year, I don't remember what year, exactly when that started. but we had black leadership on the board, some very vocal black leadership on the board, not of commissioners, but we did have them on the board of social services in the late 60s. So that was one of the ways in which we involved the black leadership, giving them a role, I say giving them, I mean [indistinguishable] I don't know if Wallace told you why he retired.

JS: no

EC: but, one of the things he said was that he would never administer a food stamp program.

JS: aha

EC: and along came the decision makers and said we are going to mandate that the food stamp program become a mandatory program

JS: hunh

EC: and Wallace said, bye

JS: how come he didn't want to do that

EC: he just didn't believe in it. and saw the bureaucracy just swelling and [indistinguishable] I didn't like it and convinced the board of social services that we [indistinguishable stuff on food stamp program]

JS: during your tenure then, there were a number of court cases, during the mid-70s, that kind of [indistinguishable] were there ever any charges of racial genocide? Because there were a lot of these charges during the mid-70s.

EC: none that

JS: none from the black community here

EC: No, no. that I can recall. There may have been...I don't recall testifying, I mean I did a lot of testifying in court in my career but I don't ever recall getting called in on that one. Of course, the large change, but as I said earlier, there was a lot of that going on.

JS: Yeah. They changed, I think, because a number of, there were two very famous court cases in North Carolina that then draw attention to this program. I think NC was actually the last state to abolish its eugenics sterilization program

EC: but they weren't charlotte cases, were they?

JS: No, they weren't. Forsyth County, I think, I'd have to go back and look.

EC: yeah, yeah. Did you notice today's paper?

JS: no I haven't seen it yet.

[some on the charlotte newspapers; question how he would evaluate the programs from today's perspective]

EC: I think Wallace's problem, and maybe even a little bit mine, was that we were way ahead of the game. [proceeds to describe how they were ahead, how the whole state was looking at what they were doing, that they were the first to try things out, with all the pitfalls that that entails, talk about larger welfare trends, welfare reform that EC has supported for the last two generations, offer of the guidelines for the future]

[question about county commissioners and relationship to them]

EC: [begins to talk about larger restructuring issues, then about the relationship that the different agencies had with each other] [referring to a bill that the county was planning to pass that meant the merging of several county agencies into one...commissioners threatened to fire Chapin and director of health if they voiced their opposition to this bill at the state level] The director of health and myself were put in a room and the, I shouldn't be telling you this but what the hell, we were put in a room and the then assistant county manager who was over social services and health came in the room and told us, "you may not call the state and interfere in this bill [indistinguishable] you are forbidden to call the state and interfere in the adoption of this bill. If you do, you will be fired." And the director of health actually got fired.

JS: Was that Kamp?

EC: No, that was Delta, Delta. He actually got booted from the county three years later, but that had a role in it. And I was accused of calling and I said, "I didn't call." And he said, "all right, they called you." And I said, "you damn right they called me." And I, I was so damn exhausted in fighting this thing I finally backed off and said, "let it happen." I think it was a mistake. I think I should have. But at one time I really thought it would be beneficial. There was no cooperation between the health dept. and the dept. of Social Services. I couldn't get along with the director. I got along with Kamp OK. Kuralt didn't. Kuralt and Kamp hated each other.

JS: Really?

EC: yeah.

JS: Oh, that's so interesting, because so many of the, this family planning program, wasn't that run with the...

EC: yeah, but there was some resistance. There was some ego between the two guys. They didn't get along at all.

JS: Hunh. Oh, that's very interesting.

EC: But we had lots of problems. I can remember going in and picking up a dead baby that died of starvation, starvation in Mecklenburg County, and that family had had a nurse in that home for two weeks and the nurse didn't even know the baby was sick and the damn baby died of starvation. What the hell is, so we had lots of these problems. So, we couldn't get along with integrated programs, there were lots of opportunities to really be creative and have teams and, God we couldn't get there. So, I really felt, the mental health people were saying, wait, we'd be in court testifying against each other.

JS: Wow

EC: Yeah, I mean, lots of times, went to court, saying "I want to take custody of these children," and mental health saying "No, they shouldn't take custody of these children." I mean, stuff like that. So, I got very frustrated about those higher-level issues about fighting with my companions in leadership, the director of mental health, the director of health. So, I at one point felt, oh what the hell, let's abolish all these boards, have one governing body, put some good people on there, they will have more strength with the county commissioners, maybe the county commissioners will listen. Money was getting tight, I mean, in the old days you didn't have to worry about resources. I can remember in the old days the budget session with the commissioners, they would beg us to take more funds. "Don't you guys need more funds? Don't you want more employees?" You know, this is unheard of. We had some great leadership, funds were relatively easy to get, but there were tax increases, they didn't seem to mind raising taxes, you know, and of course that's all gone now. Now, to get a nickel you gotta sell your soul.

JS: I know, I know

EC: So, I did, I did at one time think that may be the way to go but it quickly, I realized, unfortunately, it quickly wasn't the way to go. And I think has diluted the ability of the dept. to do some things. I think the, I mean, I have been gone eight years, I guess, going on nine years

EC: left in 89 [late changes of the dept., talk about turf battles between departments, competition about wage scales between social workers and public health nurses, about one department getting a new building for $2 mio while the other one wasn't, Kuralt and Kamp not even on talking terms, although Kamp and Chapin got along well and Kuralt and Corkey had a great relationship; Chapin suspects that Kamp was jealous because Kuralt was getting so much credit for the family planning program]

end of interview

Interview with Virginia Cloer, Dorothy Hicks, and Eleanor Anderson
Charlotte, NC, 11 June 1997

JS: Maybe we should start chronologically, so, Dorothy, since you started working for the organization first, maybe you can start? When did you start, in 1953?

DH: 1952.

JS: And, what position did you hold when you were there at first?

DH: Well, at first I was a, I would say, general clerical person because I transferred from South Carolina to Mecklenburg. And at that particular time they didn't have a secretarial position so I was sort of the flunkian, I sort of floated from one department to another as needed. And then I moved into child welfare division and had a secretarial position there.

JS: When did you move into the child welfare division?

DH: I would say, two years after this, probably 1954.

[messing with tape recorder]

JS: And in '54, what was the agency like? What kind of clients were they dealing with? What kind of programs did they have?

DH: Well, in the 50s we had the money programs which were old age assistance and aid to dependent children, aid to the blind, and then the child welfare services which was foster care and adoption services.

JS: And I know when I was reading through a lot of the material on child welfare services that they started very late to serve African American women. Where, how many African American women were part of the services in the 50s? Did the rise really come in the 60s or...

VC: When I came it was heavy.

DH: Yes.

JS: And you came?

VC: '60.

JS: Ok.

DH: Yeah, I wouldn't have any idea of the percentage.

VC: And I would say it was predominantly...

DH: Mhm.

VC: No I don't know that I would say that. I don't know that I would say that. But there were heavy black people in there then. And now there is heavy multi-nations in there.

DH: Mhm.

VC: We went through the boat people.

DH: Right.

JS: Yeah I think it starts changing after World War II. Because before World War II many of them are not yet receiving any services. Although, that might be different from county to county.

DH: Well, that's been so long ago that--you know.

VC: At that time, the other counties were influxing, when I came in, heavily to Mecklenburg, because the other counties did not have the programs that we have.

DH: Right, didn't have.

VC: And they were influxing heavily, the very poor, into Mecklenburg when I came.

DH: Mhm.

JS: When did Kuralt start working as a director? In '45? He was already there when you came?

DH: Yes. I do not recall the date that he was made director. Do you?

VC: No.

JS: And when did he start the homemaker program and the family planning program?

VC: He started the homemaker program actually two years before I came. The first homemaker was a woman named Cordelia Boon. And she was a mountain woman who had come down and worked with family and children's service where Mr. Kuralt's wife Ina Kuralt was working at the time. So, she knew her in that capacity and then he hired her for DS, well, welfare it was then. And when I came in, I inherited her and one black homemaker. But they had not had the training per se. They were there in a homemaking capacity to hit crisis situations that needed the help.

JS: Immediate attention.

VC: Mhm, and the help of a woman in the home now.

JS: When did you start there?

VC: 1960.

JS: 1960. And what did you do before you came there?

VC: I was a nurse in the delivery room at the hospital.

JS: Oh, ok. And this is, how did you...

VC: How did I...

JS: How did he find you, I mean?

VC: Oh, we found him.

JS: You found him, ok.

VC: Ok. My husband and I were going to school in the evening, at Queens College, because it was close to home. And Mr. Kuralt taught the senior sociology, delinquency and crime and one other, and so John and I were both in his class. And that's when we first met and that would probably have been in '58 and '59. Then, in 1960, my oldest daughter was going into kindergarten. And I saw that if I continued 3 to 11 at the delivery room I would have no time with Vicki Ann because she was in kindergarten in the morning. So I went to Dr. Corkey at the Health Department and applied for a job as public health nurse. And they asked for references and I said, "Do you know Mr Kuralt?"

[laughter]

JS: And she said, "no."

VC: And I said, "Well, please, maybe we will put his name down." And so I stopped by, no I called his office and asked if he would be my reference. And he said, "Not until you come in and talk with me first." And I thought, ok. So I went to his office, and that was in the old court arcade building.

DH: Mhm.

VC: And he said, "I have a project in mind." And he handed me the sociological yearbook thing that told of homemaker service in Scandinavian countries.

JS: Oh, that is where he got the idea.

VC: And I looked at him dumbfounded. And I said, "What does that have to do with me and the reference?" And he said, "Because, whatever they will pay you, I will increase the salary if you will come to work here and help me start a homemaker service." And I said, "But I know nothing about public welfare. I only know hospital nursing and I don't know anything about social work." He said, "If you come here, I will see that you learn, personally." And he did. That's how it started.

JS: That's good, that's good.

DH: Good beginning.

VC: That's how it started.

JS: Do you have any explanation to... Well, he got the idea by looking at the Scandinavian program**. But what was the need in Mecklenburg county that made him think that this is what he wanted to try here too? What were the problems that he was trying to address with this program?**

VC: Multi, multi. Hospitalized mothers, no care for the children, and if the father stayed out of work no job; or hospitalization for the mother who was the only member of the family and no father on the scene; or mental health or incarceration in the jail; or sent to women's prison; terminal cases; a member of the family dying, including the mother; ah, mentally disturbed children; mental illness. I mean, it was all there, with no answers, unless you put the children out of the home and into foster homes. And he was from the school that believed staunchly that children in their own environment, with nurturing, was the best answer through a crisis. That's it.

JS: Where did he get the money to start this program?

VC: Federal, state and local. But the children's funding paid for the service initially, which meant that homemakers' service was used predominantly for children. And there was no real funding for the older. And it wasn't that he didn't see a need, but his focus on dependency and interrupting the cycle was to start at the roots with the children.

JS: Ok, so you walk into this office and he shows you this Scandinavian report and tells you that it was your responsibility to...

VC: No, he didn't say that it was my responsibility. He said, "We need it. We've got to have it. Will you help me?" And I didn't know that I could or I couldn't and let him know. And then he took it from there.

JS: So, what happened then?

VC: The training?

JS: Anything.

VC: Well, when I came in he told Mary Potts and Catherine Knott that he would train this person, because this unit was going to be independent. It was going to be neither under child welfare, nor aid to families with dependent children, ADC. And that he would train this worker himself because he wanted to keep an eye on this program. And so he did. And he sent me to juvenile court; he sent me to the jails; he sent me to the state hospital, the state prison, Samarcand.

DH: Mhm.

VC: Remember old Samarcand, correction school? The boys--he sent me to all of those to get an overview of the social problems and what would happen when these came back to Mecklenburg county from where they were imprisoned, incarcerated, hospitalized, or wherever. And that was his way of... What a way of starting me. I see now, I had a marvelous opportunity. But I didn't see it then. All I saw was the next assignment and the next and the next. And where are you going today, Virginia?

DH: Right.

[laughter]

VC: Then, the next thing was to set up the program and then to begin supervising what we had and to start training. And to get the idea of how to set up the program I wrote letters to existing agencies that had a form of homemaker service.

JS: Which agencies where those?

VC: All over the country. But they were mostly private. But how did they start out, you know? What where they doing with their health aids or--they didn't call them homemakers. What were they doing with these women they sent out? How did they train them? So, almost all of them would send back mammoth materials. They would come in stacks. And I looked at them and pulled from each of them the things that seemed to be more conducive for this area, and to get the common denominators. And from that we started and started with the manual. By that time, MaryAnn Crouch was there.

DH: Mhm, yeah.

VC: And she helped with the illustrations for the first manual.

JS: This was a manual for the homemakers?

VC: Yes. And I wrote it and it was the hottest piece of material in the agency because it went back and forth from my desk to Papa K to my desk to Papa K's. And I would have little notes on it like, "Jenny, how you do manage to split the infinitive."

[laughter]

VC: And I would say, "That's nice, but I don't even know what the infinitive is."

[laughter]

VC: But that's the way it started.

JS: What were the responsibilities of homemakers once they went into these houses? What was the philosophy behind what this program was gonna do?

VC: To keep the home intact 'til, to keep the children from going into foster care or placement somewhere until the household could assume some normalcy--whatever the normalcy for that household was.

JS: Ok. So, that is interesting that you say that. We have to think about that further later on. And, did homemakers live in those households or did they come in so and so many hours a day?

VC: So many hours a day. Some cases they would go in daily. Now, there were, we had a portable bed--remember that, Dotty? The portable bed that went from home to...

DH: Mhm.

VC: And we had our own linens. And sometimes we would have to put a homemaker in around the clock--say if the mother was hospitalized and no father in the home. And it was the age, at that time when we started, where there weren't relatives that lived around. Like, in older times the relatives would step in. But we were in a transient area where--and the cases that would come to us would be ones with no family.

JS: And what kind of things did the homemakers do in the homes?

VC: If the woman were an invalid, bed baths, changing the linens, other than that, meals for the family, the laundry, the grocery shopping.

DH: I was gonna say, a lot of them did the grocery shopping, didn't they?

VC: Yes, and the cooking; and helping the children with the homework if they were of school age; and then it depended upon the problems within the home. They gave no hypodermics. They gave no medical things. Those were strictly called upon for the public health nurse. But there were some cases where, if things needed to be given frequently, I would go over it with the homemaker after we had the written doctor's order. And it would always be a homemaker that I knew was sure understood.

JS: So, like if somebody needed to take regular medication, for example.

VC: Yeah, but not shots.

JS: Right, right.

VC: But not shots.

JS: How did families receive the services? Did they appreciate the homemakers coming? Did they feel resentful that homemakers came in?

DH: I think, they were delighted that somebody could come to their rescue.

JS: Yeah.

DH: To lend a hand.

JS: And how did you recruit the homemakers?

VC: That was a feat.

[laughter]

JS: I figured.

VC: Ah, we started by going to the employment agency, the public one. We went into churches and talked with ministers about people in their congregation who were suited to this kind of work.

JS: What characteristics or qualities did you have to have to be suited for this kind of work?

VC: Ability to make a home, to do the things to run a household, compassion, interest and caring for people. And our focus, at first, always was on the children, someone who was child oriented. And Mr kuralt--now this, nowadays the hiring would not be so, and it wasn't when Eleanor and I left the agency--but he suggested we start with women who were around the age of 35. And his reasoning there was there would be no threat, or not as much threat, as if it were a very young woman; plus she would have more experience; plus, hopefully, she would already be a mother herself and have that under her belt. And then, in the beginning, he said--and nowadays you wouldn't get away with it and we didn't when we were hiring the last of ours before we left--he said, "Keep the staff as near equally balanced as you can with black and white homemakers." And the reasoning there was that if we could use white homemakers in white homes so they wouldn't treat this person as a maid--because they were not maids. They were never intended to be maids. And that was the thinking there. But as we were hiring in the last 10, 12 years, that was not a factor. We went by the new guidelines of how you had to hire and we were not as successful. Yeah, we were not as successful in the hiring. But you had to go by the new policies.

JS: What were the new policies?

VC: Oh.

[indistinguishable]

EA: I mean, Uncle Joe came on at a time when we had a personnel man who made everything out... [chuckle]

DH: It was more in the line of...

EA: And we had a little committee that would meet for hiring. It wasn't just up to you who knew better. The whole thing, it just went totally modern.

JS: Which essentially means that you had less control exactly over whom you hired and sent into these individual homes? So, this thinking that you had before...

VC: And we turned over more as a result of it. But you had to go by the guidelines. But it wasn't just quote "Uncle Joe's guidelines." They were national guidelines and it was trying to get around--what's the doggone word?

EA: From being sued, basically.

VC: Yeah, but, discrimination of any size, shape, or form. You were not allowed to ask any personal questions. Whereas, when I started, you knew a little bit about the family background of the women, either by the minister of the church or by...

DH: Yes, some reference.

VC: And you talked with the references and the references in no way were family connected. And this way the references could be connected with family and you not know it -- I mean the new method, that we had the latter years. But the one advantage was that if

there were four or five on the committee and you were agreed upon it, that nobody could say, “Well, she just didn’t like me”, or “It was the color of my skin”, or whatever. That was the advantage with the new way. So there was something there. But it eliminated a lot that was not.

JS: If they tried to send predominantly white homemakers into white homes to avoid this...

VC: ...maid concept...

JS: ...maid concept, did they also try to send predominantly black homemakers into black homes?

VC: Yes.

JS: Or did they send both black and white into black homes?

VC: We would have to do whatever was necessary.

JS: Right, I understand.

VC: And we would do whatever was necessary. White would go into black homes and black would go...

EA; [something indistinguishable]

VC: Yeah, that’s true.

JS: You probably knew after a while which families were...

VC: No.

[laughter]

JS: You didn’t?

VC: We knew which homemakers [indistinguishable]

[laughter]

VC: Yes, yes. And you knew which ones were not homemaker material -- that they didn’t have the best interest of the people at heart. And we were there to serve the people, and we were there for a reason.

JS: What kind of training did the homemakers receive?

VC: Whole bunches. Tell’em Eleanor.

EA: They were given classes [indistinguishable] all the usual. The Red Cross would do [indistinguishable]

VC: We had a, depending upon--as the caseloads changed, as the community needs changed from year to year, we would retrain for whatever we were doing and add more training. Well, this meant that the older homemaker who had had the previous training, was building on more on the next year and the next and the next. And she became broader, more versatile, and more valuable than the newer one--not being mean.

JS: Right, no, I understand. But, you know, she just has more knowledge.

VC: Yeah.

JS: The newer one will eventually get there too.

VC: Like, one summer we had a lot of children unsupervised out of school. And there were no real programs, except what we could be doing through the Y. So we said, what can we do to get these children, you know, off the streets, not being supervised? So, with that-- Elizabeth Buyers, the nutritionist, and I worked together with getting the homemakers, teaching them how to teach the children to cook things for the New Meals for the Y program. Because they couldn't afford to hire staff to do it. But we could send the homemakers in and they could teach the children how to measure and how to read recipes and how to prepare, how to set the table, and all the things that they didn't know how to do. Then, another year, we had a--surplus commodities were going to waste. So we sat up a kitchen in the agency, and while the clients were waiting for their interviews we prepared, the homemakers prepared menus and food from the surplus commodities and gave the recipes. So, they would go home with the recipes and an idea of how to use the surplus food. And another year, so anyway, there was training there, specifically geared toward that. Ah, another year they were sending home all of the mental patients and we started on the training there with how to handle the mental patients, how to work with them. And we would enact the skits of what to do when somebody was hostile or...

JS: Oh, that's good. That's very good.

VC: Or, and that's how we approached

[break in tape during which time there was a discussion on the family planning program and the use Mecklenburg county made of the state sterilization program]

Jenny tells of homemakers and social workers offering the pill to clients starting in the early 1960s; clients were glad to take advantage of this new form of contraception, indeed, staff was glad to have access to the pill as well.

To convince county commissioners to give money for this program Kuralt hit them on the pocketbook. He was aware that economic arguments would be most convincing
Jenny describes a close cooperation between the department of public welfare and the department of Health, with Dr. Corkey as head of the family planning clinic.

There was also some discussion about the sterilization program: there was a particular social worker who was responsible for processing the eugenicals -- Jenny, Dotty, and Eleanor didn't really know much about this. Once in a while a client would be referred to this social worker but if clients needed therapeutic sterilizations or abortions, they would be referred to Dr. Corkey and the health department. Jenny, Dotty, and Eleanor had not heard about using the sterilization program to get contraceptive sterilizations.

To train homemakers to offer the pill to clients, Jenny also put on skits that could be played out. I got the impression that one of the biggest hurdles to be overcome was homemaker's hesitation to discuss such intimate issues with clients. Some homemakers/social workers found it difficult to do so. Occasionally, they would ask the help of their colleagues. Jenny tells the story of a catholic colleague of hers who would not advise clients on contraceptive issues. Whenever she felt a client really needed such services she would ask Jenny to talk to this client.

Clients who did not want to use contraceptives were not coerced to do so.

VC: ... one time there were children at speech and hearing, by that time, and with the crippled children for their therapies. And all of a sudden we couldn't do it anymore. Which meant the kids couldn't get to the therapies, which meant, with the speech and hearing, the homemaker wasn't there observing while the mother was at work somewhere, and taking back to the mother the report of what vowels they were working on or what they were working on to...

EA: Didn't they go to private transportation or something to take over this function?

VC: Well. they now have STS, Special Transportations. But it helps mostly the older and the handicapped. I don't know how much it is now doing toward the children. But then, after you began working with the elderly, you began to see the needs and you began to feel differently. But that was my most frustrating point. But then I learned to love the older and you did too.

EA: In some cases.

[laughter, some indistinguishable comment by EA]

VC: That's true, that's true.

EA: So, that whole system, it was that Reagan era, I hadn't realized, that disrupted your whole system...

VC: Where does the funding come from, is the basic question.

DH: Mhm

VC: And will or will not the Commissioners approve this program. And how do you present it to the Commissioners in a way that proves that what you are doing is ultimately money saving.

EA: [indistinguishable] and we didn't have Kuralt anymore. Our director was great and I loved him dearly but probably didn't have this emotional interest in it... [indistinguishable] he went to bat for so many things, but there wasn't this... [indistinguishable] Kuralt had this religious purpose behind it. That might have been a difference.

VC: You know, when I think about it, we were blessed, though, with all three of them: with Mr Kuralt, with Ed, with Murlene, because Ed and Murlene came up under Papa K too and were trained. So, we were blessed.

DH: Mhm, we were really blessed.

VC: Its the new crew, that started out with another director, and we really don't know anything about him.

DH: No.

EA: [indistinguishable]

DH: Well, after being away for ten or eleven years, you know, many, many changes have taken place.

VC: We've got a lot of thinking just sitting here.

DH: And you know, you really loose touch with what's going on. You read, or I do. I try to keep up with articles in the paper about welfare programs and social services and all of this. But you--unless you work directly in...

VC: ...and see the effect...

DH: ...and see it from day to day, you really don't, you don't know what it is all about.

JS: Did he make many enemies trying to...

[laughter]

VC: Are you kidding, are you kidding? And he would to right on his way. And he would say, if I would say something about some flack I had encountered, he would say, "Jenny, you do not accomplish anything in this world unless you hold to the basic purpose of why." And he would say, "You are going to get it. Let it roll off your back and do the best you can and know what you are doing is for the right reasons." And that's the best way I can explain him.

DH: Mhm, yeah. I know, he used to tell the staff, you know, if there is a decision to be made and I am not around to approve it, go ahead and take action and if it's wrong, we will correct it. But he said, "The worst thing you can do is to do nothing." And that's true.

VC: [indistinguishable] up one side and down the other.

DH: And lot of times he would said, "This too shall pass." And usually, it would.

[laughter]

EA: [indistinguishable] something drastic happened to him...one year, didn't he have to take a cut in pay or something? He didn't get fired, but...

VC: Oh yeah, yeah. And they said that his salary was too high for the director. And then, somehow or the other, it came out, the newspaper came out and said for a man that was handling a budget of x million dollars a salary of 700 and some a month is ridiculous. And so the salary came back. But yeah, they decided that a cut in pay...

[laughter]

VC: Weren't they stupid?

EA: Yeah, well, they still are.

[some more talk on the project in general]

Throughout the interview, the women refer to Kuralt and their time at the agency while he was director in very sentimental terms. Jenny usually refers to him as "Papa K," all women describe him as a father figure to them and to the agency, describe the agency as a happy family during his tenure, Kuralt as the person who was watching out over the agency and the staff personally. They also describe social interactions -- Kuralt would invite the staff over to his house for parties and get-together -- all of these are memories that the women very much cherish.

Interview with Jakob Koomen
member of the North Carolina Eugenics Board
Chapel Hill, NC, May 2, 1990

Schoen: You already told me quite a lot about your family background. Do you have any siblings?

Koomen: I have a sister. Three years younger than I am. And her name is Dorothy and we are closely bonded and so we see each other 2 to 7 times the year.

Schoen: Were your parents involved in any kind of, in the community? In any kind of social community organization? Or was there not much around in upstate New York?

Koomen: They were involved in the school, parent-teachers-association. They were involved in the farm bureau, which was a farm organization. And I think that was the limit of their civic involvement, except that my father had involvement with the farm organizations around.

Schoen: When you went to college, did you decide to go to medical school immediately?

Koomen: It was an accidental phenomenon.

Schoen: How did that happen?

Koomen: It happened that I chose to major in chemistry. In retrospect the reason I did that was because I am a dyslectic person and I knew that if something required a great deal of reading and writing that it was a terrible problem. Didn't know the word dyslectic. And I also knew that if I poured it from one tube to another that I could remember. It was before we had any sort of formal academic advisors. It was the depression. It never occurred to me to ask "is this a good school?" It was simply the one that was close by. I considered going to Cornell but that was at some distance and was going to be more expensive, despite the fact that it was going to be tuition free at least in agriculture. I earned a degree in chemistry. But halfway through at the University of Rochester I got a part-time job in the University's Medical School. Which was, you know, just a little tiny walk. And out of that, then, as I neared graduation, the chairman of the department I was in, namely the bacteriology department, offered me a full-time job. I was elated, just elated. That was the year I finished--I took the part-time job there in 1937, finished in 1939. The university was so kind as to give me a scholarship, a third of my tuition, and my job at the Medical school was enough so that I came out of college only $100.00 in debt. My family supported me in every way they possibly could, including as much money as they could afford.

Out of that then, grew an opportunity to go to medical school. Because the department chairman said "if you are at all interested in," you know, in, well he said, this is what he really said "You will be more valuable to us if you take the courses we teach." This was a second year course first in bacteriology and in parasitology. I had never had so much fun academically before. And so I had this marvelous opportunity to close two courses. And then the department chairman in the following year said, no, within months when I had been there he said, "if you are at all interested in going to medical school let's see what you need by way of requirement." And the university of Rochester's pre-med requirement.... "Let's see what sort of courses you need to meet our pre-medical requirements." The University of Rochester's pre-medical requirements are very liberal, and so all I needed was a year of freshman biology. I did that in night school. And that had great advantage because the University of Rochester had a men's campus and a women's campus. Night courses, some of them, were given at the women's campus, where I was

courting the lady that I ultimately married, you see. So this worked out very well. So I did that, and then the following year I was admitted to Medical school.

But strange things were taking place at that time. See, a great war was going on in Europe. And, as a consequence, when we volunteered as first year medical students, because we had all been assigned draft numbers, you see, I was rejected. The reason I was rejected is because I had twice had an infection of bone when I was eleven called ostiomalitis. And I was rejected on historical grounds. Because I had had it. The net result of that was, the school then said, "well, you can go to school part-time, and you can teach part-time." So, here I was in the unusual role of being a junior faculty person going to school with the encouragement of the bacteriology department.

So, what I did then, the first two years of medical school which are pre-clinical things, I did that over a four and a half year period, teaching bacteriology and parasitology, and then the two clinical years. I did those continuously. By then, you see, the four years of medical school had been compressed into three calendar years. And so I finished medical school in 1945 and--which incidentally gives, we have a 45th class reunion.

Schoen: Ah, are you going?

Koomen: Yes. And I will see my family again then. But what happened then was, while most students were finishing in three years, I did it in six. It gave me a marvelous teaching experience at a very good department.

Schoen: Yes, I can imagine that.

Koomen: But it was a chance...I never considered being a pre-med. It was just a chance phenomenon growing out of a job I had.

Schoen: So what did you do, after you graduated?

Koomen: Then I trained in internal medicine over a four year period and then I taught for five years--all at the University of Rochester. So I was in the University of Rochester system from September 1935 until June 1954. A nineteen year span. And then, then the Korean war overlapped this and I was draftable a second time. Because I had not previously served, you see. And what I didn't know, is that ranks of health workers relate to what they have done since leaving high school. Of course, I had been out of high school for twenty years by then. So I came in at the relative rank of major and some months later I was told "You have been misclassified. You should be at the relative rank of lieutenant colonel."

Schoen: Ahem, is that higher or lower? I am sorry.

Koomen: Higher. Higher. You don't need to know.

Schoen: I am pretty bad with those things.

Koomen: And actually, by the time I came into service the Korean war was over. But the requirements for physicians, dentists, veterinarians and so on in the armed services are quite a bit different from that for foot soldiers. If you can do something in civilian life, you can do something in this. And doctors have a choice of army, navy, air force, your public health service. In my years as a faculty member at Rochester I had been in charge of the laboratories of the city of Rochester

which were in the Department of Bacteriology. I had a joined appointment in the Department of Bacteriology and in the Department of Medicine. A really very nice opportunity. So I did my two years of service in Public Health service--assigned out of what was then the communicable disease center in Atlanta. And I was assigned in North Carolina. That's how I came here. And then, and so I did my two years of service from 1954 to 1956 and then I joined the state. But I stayed in the post I was in. I just had a different person paying my salary.

Schoen: What were your responsibilities in that post?

Koomen: I was then the director--it went under various titles--but I was responsible for communicable disease control for the State of North Carolina. And then, from there, after seven years of that, then I was the Assistant State Health Director for four years. And then I was the State Health Director for thirteen, following that. Then after that, then I spent seven years full time on the School of Public Health faculty. But I had been a part time faculty member there virtually from the time I was a student there. I was in the School of Public Health earning an MPH degree in the academic year 1956/57. And I had first been, for many years, in the, what was the the Department of Epidemiology and then, after a while I left Epidemiology and the school thought it more reasonable to transfer the Department Administration as it was called then--now it is the Department of Health Policy Administration. So, what I have had in summary, is a teaching career at Rochester, a career--two years of service time in Public Health Service, 22 years additional in North Carolina government and then seven years back to teaching.

Schoen: Oh, what a record.

Koomen: I mean yours is just as--you know, every one has a sparkling record. I never talked to anybody who had a dull record.

Schoen: How did you become a member of the Eugenics Board?

Koomen: By law. The law said that the State Health Director would be a member, the Director for Mental Health would be a member, the Director for Social Services would be a member, the, ahem, there was to be a Director of a Mental Hospital who was a member. And it seems to me there were one or two or perhaps three others. But I sat there because the law said I would sit there.

Schoen: So that was during the thirteen years you were Director of...

Koomen: Right. But I had also attended while I was Assistant Director. These roles were sometimes delegated. My, the, my predecessor as State Health Director had been in this role for a long time and he was, he was very happy to delegate it to me.

Schoen: He didn't enjoy this.

Koomen: No, no, no.

Schoen: In what year did you start being a member?

Koomen: I was in this role from the 1st of January, 1966 until the 31st of October, 1978. So it was not quite, it was two months short of a 13 year period.

Schoen: Until 1978? I thought the dissolved the Board in 1975.

Koomen: Well, and that is one of the things we must discuss. That was my tenure as State Health Director. But the Board was dissolved--I must say to the joy of all of us--and then, of course, we no longer served. And as you know, it then became a local rather than state function. And I was unsure of the precise date. But I knew it was before I left the state.

Schoen: When you joined the Board, what kind of a reputation did the program have?

Koomen: From what I could make out, it had a good reputation but that most of us were uncomfortable in the role. Incidentally, it had a very good social worker, in my time two different ones, who were responsible for this program and some other program. But they summarized all the records, made sure that the law was met, gave us written summaries before the meetings appeared and in a general way at least told us what had been precedent. These executives, I used to call the executive secretary, is still living and retired from this role. They were very competent. We met, this group, the State Health Director and the State Mental Health Director, the State Director for Social Services--in those days, state government was simpler than it is now. We had an informal way of meeting over many other things. When state government was reorganized so that we went from something like 360 instated agencies--many of them had long since passed out of existence and some were counted twice because the supervising board had the same name as the functioning organization which count as two--then we were all part of a large agency. But that overlapped the dissolution of the Eugenics Board by only a year or so. But we knew each other well. And the Commissioner for Social Services...

Schoen: Who was the Commissioner for Social Services?

Koomen: His name was Craig.

Schoen: Ok., yes, I remember that name.

Koomen: Ernest Craig--I say Ernest Craig, but that is another Craig. And he was a retired Marine Colonel.

Schoen: Clifton Craig, I think it was.

Koomen: **Clifton Craig--absolutely. And the Director of Mental Health was Eugene Hargrove. The man that came from the Mental Health system escapes me at the moment. But we were a group that, unless somebody was away, we appeared regularly and developed a sense among us. And we were all about the same age and had, you know, much the same kinds of academic backgrounds. And I enjoyed all of those people as persons. When we started, ah, I don't know that a catholic person would have been more uncomfortable in this. But in starting all of us were uncomfortable. You know.**

Schoen: Why?

Koomen: **Well, in one, was this the function of the state? Was this a right thing to do? Did we really have all of the data at hand? When we were evaluating, you know, we began to develop a sense, you know, what does an intelligence test mean in this setting? But as time went on, you began to see that ordinarily a woman was not sterilized unless she had two or more illegitimate children. But the workload began to change from women who had three, four, or five illegitimate and often retarded children to those who had fewer and fewer, like**

two, for instance. And there then began to appear families of retarded children who could not bring themselves to have a child or teenager sterilized.

But envision a time, when the following would be taken place: the parents would have died, and this was a girl they were afraid would be promiscuous and would become pregnant within, you know, and would be living on an inheritance. And they would appeal to the Eugenics Board to sterilize this girl. And once, I remember a case where the girl had not even, had not yet menstruated. She was only 9 years old. But concerned and serious parents, who would not quite bring themselves to say "hey, we want this done" and to go to a private physician.

I don't remember that the patient burden was unevenly divided among black of white. I do remember that I read each case very carefully and weighted. And I remember that, when newcomers came representing, you know, an agency head, that they were usually very uncomfortable in this, as I remembered I had been.

Schoen: So, when you describe a case like the one you just described, how would board members feel about the sterilization of a woman like that?

Koomen: We would usually have a brisk discussion, think about our own background. The social worker, you know, there would already have been local action in this, would have been initiated ordinarily by the Social Service Department in the county from which this came. Incidentally, almost never, would there be the personal appearance of either person to be sterilized or the parents. It was rare for such person to come, very rare. And almost always the cases were women. Once in a great while there would be the case of a man in which the family asked sterilization of this retarded person. And from what I recall, they were usually somewhat older and had already become community problems and had wandered away from home.

In retrospect, you know, we had the usual psychiatric levels for what was retardation and that sort of thing. And we did not know then, that the testing of certain of our population groups, that we probably, well that our tests were probably less reliable in the black culture than later on. This sort of thing we know now. And we may well have sterilized some folk who weren't that much retarded. There were, of course, always a group that believed, at least when they came, that these folk had as much right to reproduce as anyone. And there were quite clearly phenomena in the law which listed epilepsy and some of those things. But those people did not appear, anyway. We were well past the period when anyone looked upon epilepsy as an inheritable disease. So, uniformly, oh incidentally, there were none that I recall who had congenital diseases of one kind or another. We were always dealing with some, I think, always dealing with some at least purported retardation. And I say purported. I think in most cases fairly severe.

But we were involved for fifteen years in a long drawn-out court case in which in retrospect this woman who had a tested IQ of 70 on one occasion and 70 something on another had, if this had occurred now, we would have let it go. Actually, she ended up with an associate arts degree in a University in New York state.

Schoen: Is that a court case from North Carolina?

Koomen: Not North Carolina. It was in...

Schoen: Do you remember what it was called?

Koomen: No.

Schoen: I am wondering, it wasn't Cox? Was her name Ruth Cox? I think that is somebody else.

Koomen: I am sure.

Schoen: O.k.

Koomen: It can probably be determined.

Schoen: Yes, I will look at that.

Koomen: Because the Civil Liberties Union brought us to trial.

Schoen: I wonder whether that was the one, because...

Koomen: It went on over a fifteen year period. And it was tried in Newbern, in the Federal Court. And we were each being sued for a million dollars.

Schoen: So, they would sue the board members individually?

Koomen: Yes. But I felt we had done, produced, of course, and it didn't, and not all Board members were sued. Some were and some were not and initially they also sued the Board secretary who was excused from this.

Schoen: Why were not all Board members sued?

Koomen: That was never revealed to us--why the Civil Liberties Union elected to sue me, elected to sue the Director of the Mental Health Hospital, Dix Hospital in Raleigh, and the Social Service Commissioner, and did not elect to sue the Director for Mental Health. Because I think the Director for Mental Health was still alive then. He was not in North Carolina. And we didn't know why they had done that. It was an experience. It was one of the two times when--now there are lots of suits. But it was rare in those days. And it was a valuable learning experience and it attracted substantial attention, both in the choosing of a jury and the presence of an artist, because in those days a camera was not permitted in court and in testimony from all of us. But our courts are rather unusual anyway, in which you must answer the question given you and there is little opportunity to, ah, to...

Schoen: ...to say anything else.

Koomen: Yes. None of us remembered this case as an individual case. What I could remember was that I had looked at each one very carefully. But there was an extensive history of what this woman had done both before and afterward. And I believe, that at least her father was in prison. And I believe, maybe, both parents were in prison. And she was being raised by a grandmother. The social service worker who surveyed the house said it was in deplorable shape. And she brought to court the child who was the product of, you know, with whom she was pregnant before she was sterilized.

There were other things, which probably put some at a disadvantage. Her medical records had somehow been lost. So, so, what was known, or at least, yes, they had been lost. But what was known was, in the meantime she had married and had divorced. She was currently living with a man who said he would marry her if it could be established that she was still fertile. So she had had an operation to try to reconstitute her tubes. Successful on one side, but not on the other because in the meantime she had had gonorrhea. And you don't know, before a jury, you know, what that means. I didn't as a non-lawyer. You know, does this mean she was promiscuous? How should that be weighed?

At any rate, I think there was two and a half days of trial, very stressful. We found that the jury sat for, I think, certainly less than two hours, and I think it was about 45 minutes and decided we were not guilty. It was also felt by our lawyers, in North Carolina, if there is a suit, there must also be a North Carolina lawyer involved. So in addition to the Civil Liberties lawyer there was a North Carolina lawyer. I felt, that the state defended us extremely well. We were doing, you know, what the law obligated us to do. If it had been in another time, it might have been different. But then we considered somebody with a measurable IQ of 70 and 70 something as a person who is quite retarded--no knowing as we did 15 years later that a substantial number of black women test that way. And get along, quite reasonably. They don't do programs such as you do, but they get along reasonably well. This girl was working in New York City as a cashier. She had attended Community College for two years. Whether it was a stiff community college or an easy one we had no way of knowing.

Schoen: What year was that, do you remember that?

Koomen: Well, my guess is that it probably was, I think it was after, I know it was after I came here. So it was some time after 1978. It probably was 1978 or 79 or 80.

Schoen: So, when this whole case came to trial, how did you and the board members, the other board members feel about that?

Koomen: Well, we varied. I felt all along that the state was defending us very well. You know, they reported the goings on over a period of years and I had great faith in these people. Three others hired a lawyer privately. He belonged to the firm that was also the lawyer for the Medical Society. I have no doubt that he was good. I did not participate in that. And one man was sufficiently anxious about this that he that he talked with a former college roommate who had become a lawyer in the meantime--he was out in California--and felt sufficiently threatened that--what he did about his property, I don't know. But at any rate, my understanding of the conversation was that he put his property out of reach, should we loose. I did none of those things. I felt, I am not comfortable in court settings, I don't care for that system of questioning, but I think each of us did the very best we could. And we wondered, of course, if there would be an appeal. There was not.

Our lawyers felt that the Civil Liberties lawyer--I am not quite sure how they felt about this, because I am not able to interpret the nuances, so to speak of legal.... But they had some reservation about his approach. What it was, I don't know. Whether that made them more vulnerable or not, I don't know.

There were other peculiarities--that in choosing a jury for a federal trial there is a penal that appears, you know. And of that, there are a limited number of rejections that each side can make.

Schoen: Right.

Koomen: And they were very quick to reject certain individuals. And, the reason for which I didn't know. They rejected a man, for instance, who was in charge of a hospital parking lot. And someone who had, you know, some police power. To my great surprise, one of the jury's they kept was a medical student I had once taught at Rochester. But they kept him knowing this.

Schoen: Knowing that he knew you?

Koomen: Yes. I had had not contact with him. I knew that he was a brilliant student, that he was a pathologist, that he trained a Chapel Hill, and was now practicing in Newbern. I was sure, you know, he said "If that's the same Jakob Koomen who was my teacher, then I know him." Well, you know, "we actually know each other." We never so much as exchanged a glance or an "hello" or anything else. But he sat as a juror. And that reminds me, I should some day, and I should long since have done it, go out of my way to speak with him about this.

Schoen: Yes, it would be interesting to see what he says to that.

Koomen: It had, it was deadly serious. It had one light moment. And only for me. One of the lawyers had a sheaf of papers which was rolled up with a rubber band. And I happened to look up just in time to see this rubber band fly--I saw him take the rubber band off and it flew off. It described a goodly arc, like maybe 25 feet and it hit on the glasses of a left handed juror. I had been watching him. And on behold, you know, he scanned the jury, he scanned the courtroom. Who did that? Where did this come from? There was no inkling of where it came from. The man who lost the rubber band didn't know it was happening. And we who sat behind our lawyers, only I spotted it. And I often wondered, you know, what this man thought. He reached up, he got the rubber band, looked at it, looked this way and that, and finally cleared it away.

The...I did not know, nor--this is social material which you may not need--I did not know that the judge was the husband of a public health nurse who was, for whom I ultimately turned up as one of two advisors at Chapel Hill. But I knew none of that. It was incidentally a very good judge. His name was David Britt. There are many David Britt's in the state. But, I thought, a very competent and fair judge. I don't believe he knew. And surely the jury did not know. And this did not come out until we turned up all together at a State of Public Health meeting when he came where his wife was, because we were both members of the State of Public Health Association.

Schoen: During this...how were the interactions at the Eugenic Board meetings? Where there a lot of discussions about individual cases or did people agree pretty much on the decisions?

Koomen: It depended on the cases, as you would expect. If it was someone with an IQ that was way down, where they were living under terrible circumstances, then that excited only brief discussions. If, you know, if there was any question about "should we or should we not?"--I think we erred on the side of "we should not."

I think the clear cut ones over the period of years that we, that the three of us sat together, well, the four of us sat together, and had great trust in the two social workers who over that time prepared things. So there was ordinarily a page summary of the social background of this person, other illegitimate children, whether the father was known, usually he was not, and that there was no way of determining whether he was the same father who had fathered other children. So it was, it seemed to me appropriate to what the individual case was.

Schoen: Did you only get to see this paragraph summary or did you actually read the whole case record?

Koomen: I read the whole case record.

Schoen: Did everybody do that?

Koomen: I have no way of knowing. It probably depended on the pressure that was there. But it was one of those things that when we went to trial I at least knew that I had read every single word of the case material.

Schoen: But it wasn't one of those things that you had to do before every meeting? Meaning, if you chose not to do it you didn't have to?

Koomen: I suppose not, No.

Schoen: You could just rely on these....

Koomen: Yes. I must say though, I never had the sense in these meetings that someone came poorly prepared. I think that we were, we felt this was a responsible role, an unusual role, and one which we developed a sense of comfort--knowing, of course, that this wasn't going to make that much impact on society as had perhaps once been thought. You know, that this was only a tiny fraction of a very large problem. But that it might make things better for, you know, at least that--the flow of illegitimate children and the circumstances in which they were brought up.

Schoen: Well, how...how do I put this question?

Koomen: We can word that together.

Schoen: What?

Koomen: I say, we can work out the wording together. Your English is fabulous.

Schoen: I guess, what I am interested in is the connection that board members saw between women having illegitimate children and, I gather, their feeblemindedness.

Koomen: I think, the word that was in the law--feeblemindedness, epilepsy, and several things of that sort.

Schoen: How did, well, did people usually take the fact that women had illegitimate children as one indicator that they might be feebleminded, or?

Koomen: I don't believe so, I don't believe so.

Schoen: So, the fact that many of these women had illegitimate children was more a coincidence?

Koomen: I think our major concern was that here was a mother who has already demonstrated to be incompetent for the raising of children, was now again pregnant, you see...

Schoen: I see.

Koomen: And almost always, this came to a tension at a time just before delivery. So that the operation could be done, while this woman was hospitalized for delivery. And so, what we really were dealing with those who ordinarily had, in a lot of years it might be only one. But being demonstrated that here was an incompetent mother who was having yet another child. And who, because of her community behavior was likely to have several more. That it was an illegitimate birth was of much less concern than the fact that it was an incompetent.

And of course it was demanded, you see, that this be understood by the person being sterilized. That's a kind of a...well, you really cannot have both. That this person might have signed, or put down an "x" that she understood what was going on, and at the same time being labeled as retarded. We recognized that was incongruent. And incidentally, we usually had, depending on the age of the individual which in your days I suppose was 21, we also had, you see, the consent of the parents. I don't remember, I am not even sure that if there was opposition of the parents, that this would ever have, would even come out of...you know, they already have this kinds of consents.

Schoen: Who usually suggested these women? Was it social workers? Or did parents suggest the women as well?

Koomen: I think out of both quarters. And especially, if the parents were competent, you see, sometimes they were, and this child was not, then the parents brought this to attention. Increasingly we dealt with those kind of situations were the parent perceived even before this child was pregnant, that here we have a retarded, promiscuous, or potentially promiscuous daughter who was gonna get into difficulty and we are not going to be able to protect her. And would you please do this? Sometimes we did, sometimes we did not.

Schoen: What was the idea behind this whole sterilization program? What...I mean, I guess there is kind of a reform idea behind it. What were the problems that the state was trying to solve through this program?

Koomen: At one time some 38 states had this kind of relationship--you probably know from your studies.

Schoen: Yes.

Koomen: We were one of them. I think it probably...I don't know that it swept the civilized world, this idea. Nor do I know how old it was. I think our law dated from 1937 or something?

Schoen: No, 1929, actually.

Koomen: That far back? And I don't know whether it was for betterment of race, or to cut down social service problems. If it was '29, then in general, it predated the depression. But I think it was an effort, you know, to raise mankind's level--socially. That's what I think.

Schoen: Was that the feeling that board members during your time had?

Koomen: Board members during my time were quite uncomfortable with this. You know, the problem was far larger than a few retarded mother of a few illegitimate children. They

just had been brought into focus. There were all those families that had never been on contact with a social worker. There were all those families, you know, where opportunity might have made so much difference. Or early discovery might have made so much difference. And of course we also, sometime we thought "well, we are doing something which in a sense is reversible." And, of course, over the years it is.... But those families probably could not have afforded the reversibility.

[moving to different spot]

And we did it bec. the law obligated us to. It isn't something we would have volunteered to do - or even suggested.

Schoen: I looked at the biannual reports the EB issued, & I found that increasingly by the 1970s the # of institutional sterilizations went far down. Do you know why that was?

Koomen: No, no.

Schoen: I was just kind of surprised by that.

Koomen: But one could speculate.

Schoen: OK, let's speculate.

Koomen: I think it went down for the same reason that we were uncomfortable in this role.

Schoen: But actually it went down proportionally a lot - if you see it proportionally, the # of non-institutional sterilizations went up and the others go down.

Koomen: You mean those that were already in state institutions.

Schoen: Yes. They used to make - I think up to 1950 - those in state institutions made up 64% of the sterilizations and then the numbers go down to about 20%.

Koomen: I see. Do you supposed it had to do with not only changing philosophy, but that they could probably protect these people pretty well from becoming pregnant.

Schoen: Yeah.

Koomen: And society's orientation to this. In passing such a law, the legislature at least must have felt that it had the support of the people behind it. And it may well have been initially - I don't know what social service programs were in 1929, but they couldn't have been very much in my estimation.

Schoen: No, they probably weren't very good. Did patients usually agree to their sterilization?

Koomen: They actually signed.

Schoen: They actually did sign.

Koomen: And if they were minors, their parents signed as well.

Schoen: Did a lot of them change their minds after they signed, or basically when they signed they signed.

Koomen: I think when they signed, they signed, and some clearly were not sufficiently intellectually advanced...

Schoen: To know what that means.

Koomen: To know what that meant. **Or I'd like to think that their rights were explained to them, but whether they understood that or not I don't know. But of the social workers who prepared the summaries, I never had the slightest indication, that this carried anything but objectivity - I never for a moment felt that anyone on this board was doing this as a matter of punitiveness or vindictiveness or "this is what these people deserve" - never, never. Or a matter of discrimination of any kind. Most of us felt it was a very sad situation, felt, knew that there were hundreds and hundreds and hundreds of others just like this that never came to our attention. We were sometimes thanked for having done this - parents were glad...**

Schoen: So I gather that usually the boards also didn't have any hearings - when you said earlier that people never showed up for the meetings.

Koomen: No. On an occasion or 2, I remember a lawyer coming, and on an occasion or 2, I remember a lawyer and a family coming, to reinforce a case. I don't remember any who were opposed to this. I remember the lawyer speaking for the decision, afraid that we might make a negative decision.

Schoen: Oh, that's interesting. I read through several of the summaries, and I discovered that, especially when you compare the earlier period with late period, because the Board got so careful about when to sterilize that actually a lot of people who petitioned for sterilization got very impatient with the board and thought that the board should make the decision much more often than it actually did. So I can imagine that well.

Koomen: Yes. And I don't believe, at least so far as my own experience is concerned, I was not fearful of subsequent court actions - either trial or legal actions, because this is what I was supposed to do in my job, and this is what I was doing. And that is a reason why I did not privately hire a lawyer as well. One of the reasons, because it was obvious that we were being defended with great competence by the state.

Schoen: If a woman wanted to get sterilized for medical reasons, could they just go to a doctor and do that? Like for bc reasons?

Koomen: When we began to get into that, then interesting changes took place. I think that originally - and I'm not sure, you'd have to look in the NC laws - I think that originally it took the opinion of 2 physicians, maybe even 3...at any rate, as time went on...though I might have this confused with abortion. But at any rate, at 1st it was very heavily guarded, and then as these things became more and more acceptable in society, then it required less and less legal background. And I have no doubt that under many circumstances people were privately sterilized - women who didn't want any more children

Schoen: Oh, yes, that must have been a huge number, because it's such a common form of bc in the 1st place.

Koomen: **So that this was done probably without ever a moment of intellectual conflict on the part of the physician or family who did it. But here was this special opportunity, so to speak, where the state supported this, and presumably of mutual benefit of the state and the persons having it done. But in the changing philosophy of, well let's see 1929 to when it was dropped, which was some 45+ years, of course attitudes towards this greatly changed. And the surgical risks of course greatly changed too, in the meantime.**

Schoen: With the surgical risks...that raises another question. I read somewhere that it was actually much less risky and much cheaper to sterilize men. **Why do you think was this focus more on sterilizing women instead of sterilizing men?**

Koomen: It's the way this kind of society is constituted. It's tempting to think that because the legislature was exclusively male in those days, or almost exclusively...I doubt that's a factor.

Schoen: Yeah, bec. it's not part of the law.

Koomen: And that physicians were not wholly but almost exclusively men. The Board, unless represented by, but I don't remember that we ever - except for instance the person who was the social worker, who - that we were all men. But it is just, it is just how America views male and female, quite clearly. I think that a promiscuous retarded sexually active man…

[2nd side of tape]

Koomen: **- if the person was brought to attention, which was rare, then it usually was the family doing it, not the community, not the community. But it is because I think a lot more freedom in this respect is given to men that to women. Women since biblical times - probably since pre-biblical times - are held to be responsible, and our view towards men in this regard is a very different one. There may be a more sophisticated answer than that, but I was always struck with how few...and I had no reason to think that the ratio of retarded men to women was all that different.**

Schoen: No - I'm sure it isn't. But it does make sense, because, you know...it's like this issue of bc - women are the ones who are responsible for it.

Koomen: Yes, yes.

Schoen: What kind of factors determined what kind of sterilization the EB authorized? Was it always the same kind of sterilization.

Koomen: I think so - I don't remember that we ever did anything that -

Schoen: So was it tubal ligation.

Koomen: Yes. And it was at a convenient time when this person was - at least in my early days - when they were in having a baby. But once in a while it was someone between, and then it was usually, quite often, a family request, that this woman had already had 2 or more children and the family just viewed greater burdens. And that often was a family with more substantial means and education, too, where the parents were not retarded, or not thought to be retarded.

Schoen: Was there ever a discussion about doing sterilization by X-ray?

Koomen: Not to my knowledge. And in that period we were already very conscious of what the problems of irradiating anybody were.

Schoen: Yeah, that's true, that was in that, yeah.

Koomen: It's not that that isn't a good method, but we were - especially in the public health sense, we were trying to cut down on dental x-rays, we tried to cut down on chest x-rays, and then to have done something which cd be done by another means, we would have been strongly opposed to that.

Schoen: How was the cooperation btwn the State Board of Public Welfare and the State Board of Health?

Koomen: I'd say excellent. You mean the 2 boards. It's confusing, you see, bec. the state, both of them, in the health field, originally bore the same name, out of when they were founded, so that the staff was the SBH, and the policy making body was also the SBH, so when we were counted, here appear to be 2 agencies, whereas actually one was the Bd for the other. And the makeup of those Boards had taken place a long time back. But they were modified from time to time.

Our board, the BH, had on it 4 appointees by the State Medical Society, it had 5 appointed by the governor, but they were categorized over a period of time, so that one had to be a dentist, one a pharmacist, a dairy man - and of course we did a lot in the way of milk sanitation - but we had a dairyman governor, and this happened in his time, and in fact it was father and son who both became governors. It was the 1st Governor Scott. Then while I was there in my early days, a veterinarian - the veterinarians campaigned for this. So the Gov - what would happen is that the Veterinarian Society wd recommend 3 candidates and the Gov wd decide which of those he would pick. And then we had one 'public spirited citizen,' I think the word was. So for years we had 9 people on that board.

Then the nurses campaigned vigorously, and so a nurse was placed on the board. Then the optometrists, who had a long, long war with the ophthalmologists in this state, they placed a member on the board. And some other group did. So then it became a 12-member board. And every year, or almost every year, someone would come to me out of some group and would say, "Don't you think we should be on your board?" And I would point out - I am not sophisticated in the matter of politics; I wd not think of running for office - nor of the nuances - but by accident I fell into something which made most groups think twice about this. It wasn't my intent. For instance, the suppliers of hospitals thought they shd be represented, because we bought - the state buys a tremendous amount of things for hospitals...And I would say to them, well, if you can, and if you succeed, that will make others active in this. But what usually undermined them terribly, which was innocent on my part, my saying, "Have you ever been to a Board meeting?" None ever had. They knew nothing about it.

The law said we wd meet 4 times a year. But they didn't know what happened at a board meeting. They presumed that the pharmacist who was there was very busy campaigning on behalf of the pharmacists. One of the striking things about the NC board was that after about the 1st mtg these people begin to realize that this kind of board was about as high as this person was ever going to get. They were extremely good citizen boards, they felt honored in being on them, and they began to behave on behalf of all of NC. It was very touching. I remember a dentist, and he was going to do everything for dentistry, and by the 2nd meeting he was a different sort of person. And we had 1 man who came to the board because he was unhappy about what we were doing around emergency medicine. We had set the standards, we demanded a lot of education,

and there were great misunderstandings...and by the time this man was elected to the board - he was an extremely good man - he was embarrassed for what he had done, bec. he had been operating on what was hearsay information. And that man has had a long and great career.

But that board - it was a policy-making board. It was not involved in the administration of the organization. And in the time that I was made state health director, the Board nominated or chose, and the Gov confirmed, very different from what was called the "reorganization of the state government," which took place in the 70s, and compressed us from these 300 named agencies to 17, in which this role became an essentially political one. But it was not in my time. I served about 6 yrs. in a place where the Gov confirmed me - I can't remember now whether the Bd nominated and the Gov confirmed or whether the Gov nominated and the Bd confirmed - in which it was really a non-political role. And furthermore, as we interpreted what is called the "Hatch Act," we were not to be in any way involved in politics. And the governor felt that way too.

The governors - I related to them directly, it was a very good situation - in a sense I was physician to the State. One governor's family was just loaded w/physicians. A very competent and a very nice man, so he didn't send for me very often. But the other governors - there was lots of chance to go to the gov's office and talk about things, and I enjoyed that, and the govs obviously did. Then with the reorganization of the state gov't, these became commissions. They were advisory, and they were kept because probably politically it was the thing to do, that you keep the support of this kind of thing. But when you have a Bd in which 5 are nominated by the Med. Society, who very much want this role, but who very soon began to behave not on behalf of the Med.Soc., but in behalf of the State as a whole...so these were extremely good citizen boards, and they were honored to be on it.

In Welfare, there were always some who would campaign, who knew what ought to be done in welfare. We ought to get all the loafers, of course, off welfare; everybody ought to work; and that kind of thing. And they would come to the Board, sometimes even a newspaper interview about this, and they wd discover that life was very much more complex than that. In one County the physician set out to examine every welfare recipient to see whether he was competent to work. Well, they only got through about a third of them, and some of them who were declared competent would have been so glad to work - whole lot of them. There simply wasn't job opportunity - they had a minimal amount of education, they were in a poor county, and there was nothing to do.

And in our case, our Bd president, or Bd Chairman, was chosen by the Board. In some cases he was appointed by the Gov, which was a very different sort of setting. But as for social intercourse btwn our Bd and what was originally called Welfare and then Social Services - there was none. If those people knew each other, it was in other connections. Now in some Boards there was a good deal of socialization btwn the director of the state commission or whatever his title was, and his board. In our case there was none. Probably because I'm just not that sort of person. But we had very good relationships, they were extremely supportive of me, and I found my relationship w/the Bd a very gratifying experience. We used to present our budget to them annually, but it is so diff. to make out a budget, & it wd have taken days if not weeks of preparation to bring it up to date, so approving this was essentially a formality. But I enjoyed, over this 12-year period...and of course I also attended those meetings and participated in them when I was Assistant State Health Director, and bec. communicable disease often came up, I had participated in those for years. They were in my estimation very good men and women. All the way through.

But the directors of these organizations, the social services, we set up a network of getting together the 5 agencies that related to each other for lunch once a month. There was a hospital construction authority, now called Facility Services, which had (??) money; there was the

Rehabilitation Commission. And all these people, we were all about the same age, all had essentially the same background, all got on well. And our staffs got on well with each other. From time to time we'd have things going on...and indeed for a time, the Public Health Org. served its folk - the public health mental health aspects were once a part of the public health family. They were picked up and then moved back to mental health, and of course w/social services, our public health nurses and (???) had a lot of relationships w/them.

And often times, the person that came to the attention of the Eugenics Board usually was widely known to several agencies. They were often known to the mental health agency, always to social service, universally to the health dept., perhaps even in the school system, of course. So it wasn't that here was a person who was emerging who had never been heard of before because the folk in the community knew a lot about...

Schoen: On what did it depend whether counties suggested many individuals for ster. or whether they didn't suggest any?

Koomen: It depended on the social services dept. staff.

Schoen: So some staff was very supportive of the program and some staff was less supportive.

Koomen: Right. ...less supportive. And you had no way of knowing that. And I didn't. No doubt, the social services director knew a great deal of what was going on. I found when I was doing communicable disease that depending upon the makeup, let's say there wld be an outbreak of gastritis, that when I first came to this state, you know, everybody wants to have a look at you. Here you are, known to be a federal employee--is this guy, you know, a spy? Because you carry at least when you go out the implied police part of the state. And I actually had a federal car w/the medallion of the public health service on it and then later on a state car which once was, you know, very loudly labeled, finally it just had a little plate in the front. And the reason it was labeled less openly was they discovered that when the seal was on this car for a couple years it always left a space, when it was pealed off it always looked different. And when these cars were up to sale it was quite clear it had been a state car and worked to the disadvantage in the sale.

But the health depts., there wld be those that for even minor things, when they got to know me they wld send for me either bec. they thought I'd be helpful, or bec I cld learn from it. And I enjoyed these relationships. And also, You see, here I had been through a residency, I had gone to publ. health school here, and of course I had taught for five years in Rochester and my approach always was, what can we learn from this?

There were those, that wld rarely send for you, bec they were, they simply didn't know me. So it was a matter of some who genuinely wanted help, there were some who were uncomfortable w/newspapers and send for me bec they knew I was comfortable w/reporters. I enjoyed working w/reporters, and I enjoyed working w/radio and TV people, perhaps bec I was dyslectic or who knows. But for whatever reason I had talked on my feet since I had been a little child. And I enjoyed those relationships. And a couple of the leading health directors often brought me, invited me out bec. they said "here is a chance for old jake to learn something he hasn't seen before." And I saw an unbelievable spectrum of illness of that time.

From the standpoint of an epidemiologist, then, NC was a fabulous place to be, bec it was a big state, had a very strong publ health organ., great relationships w/the practitioners of the state and is located geographically so it's got all the diseases of the North, all those of the South...

Schoen: Great!

Koomen: Yes, my wife said, "try very hard when you see something unusual not to smile." And then, bec it is coastal so there is importation of illness.

Schoen: Right.

Koomen: And finally, it had a lot of diseases, that bear exotic names, like Rocky Mountains spotted fever, which we often lead, and usually are second only to Va, but which was originally thought of, you see, as a disease of the west, you see, where it was first diagnosed. Or Tulerimia, named after Tuleri County in Ca. And bec. I had years and years of experience in communicable disease beginning from my first day after college graduation when I was in bacteriology, this was just an unbelievable opportunity. So when I used to go back to our headquarters in Atlanta to talk, clearly I had had--NC, thanks to the health directors and nurses who sent for me--I had had a very broad experience. But anyone who came to the state--this got to be a favorite state, you see, bec there were always new diseases emerging. Now, of course, it's Aids, before that Chlamydia, then there were Herpes. And the solution of problems where we did not know the agent, you know. climedial pneumonias which in my clinical days were called primary atypical pneumonia (???). We just didn't know what the agent was. And, of course, this state the, you see, when I came had three medical schools and know has four, all of them good. None is poor. Even the newest of them has an unusually competent staff. So there were always places you cld go. And I got to know the faculties of these universities. Of course, some I knew bec I trained w/them in Rochester. It made a marvelous place to work.

Schoen: Yeah, I can imagine that. It must've been pretty exciting.

Koomen: Yes, And it had a publ. health school at a time when there were only 12 of them. Now there are more, but there were only 12 then. Of course, in those days it just did in communicable disease. And they had faculty leaders, in both pediatrics and medicine who were extremely experienced in communicable... And nationally known. They were either there or in retirement. This was a good place for their career.

On the other hand for me, as a person coming in at the age of 36, it was great fun to go to a place where, except for a few you trained with, no one knew you. You know, after all I'd lived less than 7 miles from the medical school I went to and I was in the unique position of there, in moving up the ladder, of being responsible for people I had once been responsible to. Incidentally, a relationship we both enjoyed. And probably partly bec I work at a participatory management system. And similarly, in outbreaks of illness, I always tried to make a maximum amount of teaching out of this. And you learn lessons as you go along. I had previously, you see, had had a long clinical experience and I had had a long lab experience. But I had had no epidemiological experience. My service experience was an absolute jewel. It was the best career opportunity I had and it had few negative aspects about it. But this was one of them in which we agency heads were all uncomfortable in this. But the law said we wld do this and we did the best of our ability.

Schoen: How was the EB funded?

Koomen: It was part of the dept of social services.

Schoen: So it had a line there.

Koomen: There must've been a line there. I think even the two good women social workers--this wasn't their sole responsibility. They probably had other responsibilities as well. But there must've been a line item. In those days you cld not have done it any other way. We didn't learn, until we had this reorganization of state governm., that agency heads had a way of extracting money from you or starting things w/o as much legislative support as we thought it required. Oh, I don't mean anything dishonest. But that if an agency head of human resources was particularly interested in something, then he wld simply ask, you know, take money out of this and this and this. And that was something which was unthinkable, in our time. But I must say, that I always very much enjoyed presenting budgets. I enjoyed the arithmetic of budgets. Many did not.

Schoen: They were probably very glad that you were around.

Koomen: And I had done that. I had done that even before I was ass. state health director. Somehow, the health director and the chief administration perceived that I enjoyed that and the arithmetic. And so I enormously enjoyed my opportunity to go before the legislature. They knew, this one man described it that I was apolitical. I didn't think it a good thing to say, "that's not yet in English, in the dictionary," but he said, "you are apolitical." I treated them as though they were statesmen, and indeed they were. That's an extremely tough job, being a state legislator. And sometimes they cd give me what I wished, sometimes not. But they always said, "Just because I can't vote for what you want this time, Jake, doesn't mean I won't the next. Please come back." So over those 12 yrs I got to know legislators very well. And indeed on one occasion, when I didn't make a social call on a woman legislator (who was a most remarkable woman), she said "where have you been, I was expecting you, don't you like us anymore," but I knew, you see, that her husb. had died under unhappy medical circumstances and that she had lost a son under unhappy medical circumstances, and at least one of these was a so-called anesthetic death, and she was very much interested in the health field, and very supported. But I enjoyed and learned how to appear before such committees, and I esp. enjoyed presenting budgets, because I learned that about 1 out of 10 legislators also enjoyed the arithmetic of budgets, and quite often, if it was a 20 member group, it wd really be a discussion among the 3 of us. I suppose bec. my 1st experience was so great...well that sounds immodest...was so heartwarming, that it became fun. The director for administration had said, "let's present it this way: I will name the issue, that we need money for rabies, or for such and such and such, and that you expand on what our animal probs are, and so on." So this was a time when, if a Democrat headed the primary list, he was automatically governor, very different from now. So here we had an outgoing governor and an incoming governor, who was to be Gov Sanford, now one of our senators. And our outgoing governor was gov. Hodges, a most remarkable man. It was the 1st day of budget hearings. They had gone to lunch; they obviously came back in a very good mood, and I presented. And so we did this...so Charlie Harper, he has a doctorate here, wd state the issue, the partic. line item, and then I wd point out what the probs were, that we've had so many rabid coons, and so on...and then they wd take this under advisement. And not only was it going well, but it was almost as though I had helped those men to ask questions. I didn't know that those men were greatly interested in the rural. And so when I presented our request for rabies, they were interested that we had rabid deer, that we had rabid cows, as a result of fox bites, that we had trapped animals, that I knew a lot about trapping, bec. I had trapped as a boy. Then Gov. Hodges said to me, "give me an illustration," so I said, "well this very day, this morning, at Beaver Dam Creek, a man saw a muskrat swimming across the creek, and he said to himself 'that would make a great pet for my children,' so he jumped into the water, which was this deep, and he collared this muskrat w/his hands." And a muskrat is an aquatic animal, meant to swim, it has almost no neck. And this muskrat reacted in the only way a muskrat can - it bit him in the wrist and scratched him. And then - what to do. Shd this person be rabies immunized. In the 1st place, it was unusual for a muskrat to be out in the daytime. But it was certainly a provoked bite. The muskrat did the only thing that

a muskrat cd do. And furthermore we had access to information that in nature muskrats are not rabid, and that certain kinds of rodents are very resistant to this. So the governor said, "so what did you do," and we said, "well, we elected not to treat this person, to treat the wound as a bite wound, and secondly - the risks are small - to give this person a tetanus shot." He was incidentally a veteran, and had had tetanus immunization. And I concluded my remarks, I said, quite clearly this man knew nothing about the personality traits of muskrats. The governor laughed and laughed - and it never occurred to me that these men knew anything about muskrats. And the Governor said, "Quite clearly - or he would have left it alone." And the next day, in "Under the Dome," it was then different - it gave goings on in state government - at that time we had 2 great newsmen called Huntley and Brinckley - one of them comes from NC - and so there was a headline the next day "Coon and Harper now present a budget - in Huntley-Brinckley style - a novel approach," and so it was just so much fun. And I went to a Peter, Paul and Mary concert 3 weeks after this, and someone pulled at my coat, and it turned out it was the Chief for Administration of State Government, he was a lawyer, a Harvard graduate, and had been a Rhodes scholar, and I said "Hey, hello" - I didn't know who he was - and he said Harper and Koomen were the only people whose budget presentation I understood and enjoyed - so we were off to a good start.

Schoen: Hee hee. That's interesting. I always wondered how the budgetary system worked, so that's interesting to know.

Koomen: And as we got into state gov't reorganization, our agency head wd present the budget, our budget officers wd do this, and the state health director wd be there...and so half the time I served in a system where the gov. and the board made up its mind, and half the time I served at the pleasure of a secretary. But I was untouched politically. I was already 6 yrs experienced, so I was left alone, I was not required to consider the aspects of politics in decisions I made. It's quite different now. But I've been succeeded by very very good people. Extremely good people. But it was a job I very much enjoyed.

Schoen: During the time that you were on the EB, what do you consider the biggest obstacles that the sterilization program met.

Koomen: What we met were changing times, in which we began to perceive that we no longer saw mothers of perhaps 4, 5, 3, 2 children - but what we saw on paper were folks who were not pregnant at all, and whose concerns were brought to Social Services by parents and sometimes by social workers. By parents who were embarrassed that they had a retarded daughter, and sometimes a retarded son, and wanted the state to take responsibility. Sometimes even people who could very well afford this, but couldn't quite bring themselves...and so the clientele that came to us was very different that what it had been at the beginning. Now at the beginning in 1929 it may all have been very different altogether - I have no way of knowing. We varied in our monthly meetings from perhaps as few as 1 or 2 or 3 cases to perhaps as many as 25 or 28, and it was probably reported in our biannual reports. But fewer and fewer cases, and more and more unusual ones. In one case, a girl who had never menstruated at all and was only 9, and would we please do this. I believe we voted against - there was no way of foreseeing what this person was going to be like. It seemed to us - incidentally, at least labeled, and had been multiply tested. The school system I believe supplied the psychological testing. There were psychologists at the school system, at the request of social service...and it's an old principle of government here - maybe gov'ts everywhere - that the enforcing agency will not be the testing agency. For the breathalyzer program, for instance, one agency wrote the laws, one agency did the testing, one agency did the

arresting...but the policeman who brings the person in cannot be the policeman who does the testing. So 4 agencies were involved in that. And we were involved in that from the beginning.

Schoen: Was there any sort of religious opposition to the sterilization program?

Koomen: Catholic folk - of course there were few Catholics - if they came as substitutes to the board, they were more uncomfortable in this role, but of course they knew and we knew that the views at least - maybe not of the Bishops, but the views of practicing Catholics was also undergoing great change. And most of us knew because we had wings of our families that had Catholic members. That at least 1/2 of those practiced BC at home, and in addition to that, I don't know if any had ever had abortions, bec. you didn't talk about that sort of thing. And we had one person in the family who'd gone to a parochial school, and this person's family was strongly opposed to the Cath. church's view on both abortion and conception control. So it depended so much on who this person was and his family background. But nevertheless, those people came and were designated and on at least 1 or 2 occasions I remember such a person being outvoted.

Schoen: How about from the black community? I've read that especially in the 1960s that black leaders wd start to denounce the program as 'planned genocide'.

Koomen: Yes, yes! And we heard such rumors. And we weighed them, but we never had any public appearance at a board meeting, not once, not once. There were rumors that this was an effort at genocide. Just as now there are other things - drug busts - that it is essentially a racist phenomenon. You can view it that way and there's no doubt that blacks are much more severely treated in our courts and much more likely to be stopped on the highway, and one of the jurors who was dismissed in this trial, the man I told you about who had hospital relationships to the (unintelligible), said, look, any lawyer knows that the police hate the blacks. That's a dangerous generalization. But I said, "why did they dismiss this man, he obviously has managerial skills?" They said, well, any lawyer feels that...and taking him off the jury was more important to that lawyer than taking off the person who knew who I was, which amazed me.

Schoen: Um, so, but, in that regard, what you're saying is that, one knew that there were people in the state that were unsatisfied with the program but these people were never actually -

Koomen: And we were unsatisfied - we were glad to see it go - perhaps for different reasons. We didn't feel - at least I didn't feel, nor do I think did the others, that this was a form of genocide for blacks. But what we did not know then was that the testing of them, from an IQ standpoint - it depends on which authority you read - that they are less well prepared for this than the whites. So we used what were then the criteria for mental retardation. We would use different ones now.

Schoen: Did people ever make a comparison between sterilization programs in the States and the Nazi sterilization program?

Koomen: No. At least not in my time. I'm doubtful they did. It would have lent itself of course to a certain kind of categorization, whether this could have been called true research or not I don't know.

Schoen: No, it would be a very bad comparison to make. But I've read older articles about sterilization articles where the authors of the articles would distinctly argue that the program they were dealing with had nothing in common w/the program in the 3.Reich, so I was wondering whether, you know, these articles stemmed from accusations that were made, or whether it was just one of those reactions that happened.

Koomen: Another change that took place was that those whose cases appeared over the years were younger and younger and younger, and maybe the biannual reports noted that. And sometimes the action had been initiated by the very person whose case appeared. She was tired of having already 4 or 5 children and the prospect of yet another one...or had heard about the program, but there were so many who had not...and that it cd be done at no cost to the individual.

Schoen: Were any of the national organizations against sterilization abuse active in NC? Aside from the ACLU with their cases?

Koomen: No. And there, I don't know what the basis for their interest was. No doubt a wholly honorable one. And indeed, there were folk in NC who were an important part of the civil liberties union. We have a minister in Raleigh, Bill Finley, whom I personally know and enormously admire, (some of my best friends are...) who was a brave man, and strongly opposed to the war in Vietnam. Their oldest son and my oldest son have been friends since they were in jr. high school...a person, just a giant of a person in defending what he believed was right. But this issue was not brought to us...if it was brought to the secretary but not brought to the board...or if so it was a meeting I missed, but I didn't miss very many. Our sense of discomfort about it, mine, did not relate to religious grounds, as a person who came out of the presb. church - just that here we are sterilizing a few people and there's now way of predicting which family at high or low level might have the next retarded child.

Schoen: Why do you think this change in legislation took place in 1975? Was that just the year when everything was so ripe that this change just took place, or any other explanation?

Koomen: The explanation that was offered to us, and I don't know that it's the correct one politically, is that here are these people in the community who have a much better knowledge of what is right for the community - that it's local. And it was at at time when there was an enormous interest - the Fed. gov't, prob. not for the same reasons, was turning a lot of functions back to the states. And in doing so, what was really happening, was that this was an effort to reduce the costs of federal gov't and transfer them to the states. We'd had so many years of programs, where if we wd put up a minor fraction at the state level, the fed. gov't wd put up a whole lot. And that was a great way of getting programs started. But the legislature got more and more prickly about that sort of thing - we get you started w/10% of the budget, and 10 yrs down the road we discover that they're contributing 10% and we're contributing 90%. So they were more and more reluctant to take on new programs. I don't think that it really bore any relationship w/Mr.Eisenhower, who said about abortion that he cdn't imagine anything that was of less governmental concern, that this was a private and family matter. But it was a time when we emphasized - and in the public health program we had always emphasized - local autonomy, it was called. So that this shd be turned to a local court where the local social worker, the local welfare director, the local health director wd be in the middle of this - seemed to us to be a very reasonable approach. And where in one county it might be reasonable to sterilize this person, in another one it might not at all. Here was a family who lived around, took good care of this girl, the risks of becoming pregnant were small, and she was widely known not to be the least bit promiscuous...I had known as an epidemiologist that you always go out to have a look. No matter what it says on paper, drive out there, talk to everybody about it, and it's amazing, the preconceived material that you may have on your desk or that someone may explain to you, that you may view very differently when you're out there. Those were valuable lessons that I learned in epidemiology. Here we could not do that, but what was going on was that this was being turned back to local folk where I at least thought, and the others, was where it belonged. I have no idea whether this meant more or less sterilizations. And I don't know whether the money that was in the state budget was then partitioned out. It wd be

interesting to know whether money was then not appropriated by the legislature, or whether it was put into funds that were used locally.

Schoen: Yeah. I don't know that either. Huh. If...I looked at some statistics yesterday night (last night), and I found that, compared with all the other states that had sterilization programs until a very late time, NC carried it to the latest and had the highest numbers. Do you have any idea why that could be? That the states stands out...

Koomen: As being the last to give it up?

Schoen: Yes, and as having the highest numbers for a very late time period. That's one thing that's always puzzled me, but I think maybe I'll find that solution once I know more about the other states.

Koomen: Yeah. And that brings me to the woman who was our 1st secretary is still alive.

Schoen: Oh, who was it?

Koomen: Her name will come to me, an interesting name, and her husband was in state gov't, but a very competent person who for yrs reviewed all these cases.

Schoen: Was she secretary in the 60s?

Koomen: Yeah.

Schoen: Is her name Ethel Speas?

Koomen: No.

Schoen: OK, then it's someone else. That's the only name that I know...

Koomen: It was a relatively long name, and it will eventually come to me. Write me. But remember that I'm dyslectic, and remember that I don't have a secretary. But she did this, and she did this very well. The last of the secretaries has died, has died I think of cancer of the breast, but they were very competent.

Schoen: Did you every meet George Lawrence?

Koomen: George?

Schoen: George Lawrence? There are all these people who were involved in both of these programs over some period of time, that kind of vanished - GL was supposedly a prof. at the School of Social Work, and he worked w/the BC and the Ster. program in the 1940s and 1950s, and then suddenly he vanishes and no one knows him anymore, and I don't understand where he went.

Koomen: Just disappeared, huh? It's not a name I know, or recall ever hearing.

Schoen: Did you know Eugene Brown.

Koomen: Yes, yes. He served btwn the time that Ellen Winston, who was an UNUSUALLY competent human, and she was unusually bright, and she served in this capacity as welfare director for 18 yrs, and then 4 yrs in the federal capacity, and before that she'd been a prof. at Meredith college. She was someone I greatly admired. Lived to an advanced age, and was a globe trotter after that, till she died, sadly of a brain tumor. And then she was succeeded by Gene Brown. Another very competent man (who isn't??). Quite different in make-up from EW. EW was aggressive, championing social causes the world over, and far thinking - probably ahead of her time. And very very good. She had a way of making legislators angry. It was simply not possibly to put a question before EW that she was not competent to answer. And so she used to appear in budget hearing before we did. My predecessor got those 2 phases separated, because she wd have 15 minutes to present and they wd be so angry w/her that it wd take about an hour and a half, and then there was nothing left for Health.

Schoen: That's interesting.

Koomen: But she was very competent. And so GB then succeeded her. And I believe he's still alive. And then Colonel Craig succeeded him. And CC was brought in for a partic. purpose, not bec. he had social welfare experience, but bec. he had been a marine colonel...and presumably...but he too, I don't know what he set out to do, but he found himself in the midst of a big agency w/enormous responsibilities and he carried them out very well. I enjoyed all 3 of those people.

Schoen: Well, we actually got through my long list.

Koomen: Did we really? But you made it so much fun for me.

Schoen: Oh, that's really nice, I really enjoyed it.

Koomen: I had a fabulous time. You know, to invite someone to talk about –

(end of recording)

Interview with Murlene Wall, Charlotte NC, 19 June 1997

JS: Are you from Charlotte? Or where do you come from?

MW: I was born in West Virginia. I was educated in Virginia and moved here.

JS: What did your parents do?

MW: My father was a coal miner

JS: Oh really

MW: yeah

JS: Wow

MW: and my mother never worked outside the home until she was in her, lets see, she must have gone back to work in her fifties. She worked in the kitchen of a small college, up in WV. She's here now. I moved her down here in 19...She's been here eight years, almost eight, almost nine

JS: so you grew up in a small town in WV

MW: Well, not really, because we left there when I was, we hadn't lived there since I was like 10 or 11 years old

JS: Oh OK

MW: during WW II my father left the mines and went into business for himself

JS: what did he do then

MW: he had a small restaurant and he'd logged on the side

JS: and then you were living in Virginia

MW: we were living in Virginia, yes.

JS: how did you like Virginia

MW: well, well that was

JS: was it a big change

MW: no, not really. because it wasn't that far from where I grew up.

JS: did you have siblings?

MW: I have three brothers.

JS: younger or older

MW: younger. I am the oldest

JS: you know, I have three brothers and I am the oldest

laughter

JS: It's a challenge.

MW: It is. It is indeed.

JS: That's interesting. Tell me a little bit about your school background. You went to school at

MW: I went, my undergraduate work was done at, what was then Radford College, it's Radford University now. It was affiliated with VPI at that point and my degree was in secondary education and I taught a year and a half and we came down here and I had my children and I didn't work for a while. And I saw an ad in the paper for a food, not a food stamp worker, a commodity worker. That Mr. Kuralt had run in the paper and I applied for the job but I wound up in AFDC, not commodities. But, that's basically how I got started. But then I realized after I got started that I didn't know what I was doing and went back to graduate school at Chapel Hill in 1965

JS: did they finance that?

MW: No, they didn't.

JS: shame on them.

MW: No

JS: What brought you down to Charlotte?

MW: My husband came his, his job was here

JS: So you started with the department of public welfare in 65

MW: No, I started with the dept. of welfare in 61.

JS: in 61. OK. What does the...what was your first job there?

MW: I was a public welfare worker in AFDC, it was ADC when I first came and I worked in the field for maybe two, two and a half or three years.

JS: Oh, you know, when I was driving around with Jenny and she showed me some of the areas that used to be poor areas and we went on one of the roads that, where she said "that used to be Murlene's district" and it was all, the houses looked much better. It was basically all cleared out and they had, it had really changed. Jenny was really surprised at how much the neighborhood had changed.

MW: hmm, Well, I worked in this end. None of this was here then. but there were cotton fields and it was very rural

JS: so you essentially did home visits and the whole works that needed to be done.

MW: yes. we did the redetermination of eligibility. Had to count children then if there were three children in the grant we had to see each child and count noses and basically just, the loads were large but we seemed to be able to manage it pretty well. We weren't staffed that high then,

JS: how large were the loads?

MW: my first case load was like a 160 some cases

JS: vow, and how often were you supposed to see these people?

MW: well, they had to be reviewed every six months and in addition to the reviews you had to do the services that the families needed.

JS: how many visits, if you were out in the field, how many visits can a social worker do in one day? If one wants to be halfway thorough?

MW: Well, ahem, I was trying to remember. I had to spend so much time driving then.

JS: I can imagine

MW: and I had a full day out on Thursdays, I remember that. and I would start in Pineville and work my way back. I would do good, if I were out all day, to do five or six.

JS: yeah, that sounds like a lot already, because if you count half an hour which isn't that long...and driving in between

MW: right

JS: and how long did you work in that...as...in that area

MW: I was trying to think when I started...hm, well, when Ed came to work I was Ed's supervisor. and I can't remember, he came in what, 64?

JS: I think so, 64 or 65

MW: I think it must have been 64.

JS: OK

MW: and by then I was already supervising.

JS: so, for a couple of years.

MW: yeah

JS: and once you are supervising, you don't necessarily go out in the field anymore

MW: no.

JS: Was the turnover of people going out in the field...do most people went out in the field only do this for a couple of years or were there people who do this for a long, long time period?

MW: there were people who did it for a long period of time

JS: And did you receive any training when you came? Did they tell you what to do with these people and how to approach them, and what kind of services the department offered and how to assess what kind of services a family needed? or were you basically on your own?

MW: Well, I think a little bit of both. But there was some training. I can't remember a lot about it but I remember going to some classes that were offered. And I was trying to think, we had a trainer then, because I had orientation from Marion Crouch and I was trying to think what other...there was some ongoing training. Even back then before there was a training person that was there full time. But the basically the way you learned was that you took a case and when you got through you came in and talked about it. with your supervisor, and try to figure out, you know, did we do everything that needed to be done or is there another way to do this...learned that way

JS: was that very intimidating? I can imagine

MW: I guess I was so naive that it didn't phase me, I don't think. I just thought, well, if I don't know what to do I can always ask somebody. And, you know, it's working with people and I enjoyed that, I enjoyed the people contact. I think everybody who works in the field does.

JS: how did clients receive you when you came in and

MW: well, you know, I have since worked with folks that were clients, especially, I had one especially, who became a staff member and she and I still laugh to this day. I was so wanting to do a good job and she lived in South Side Homes, I can remember that

JS: we saw those. I can remember those

MW: and her husband was in prison and she had three children, she had twins and an older child. And I was counting noses again, making sure all the children were there, and her twins were there, and before I even realized what I had said I said "are they identical?" And they were a boy and a girl and she just died laughing

[laughter]

MW: we still laugh about that

JS: those things happen, don't they?

MW: yes, they do. But, and basically a lot, almost all of my time was concentrated in South, I had a lot of time in South Side Homes, I did a lot of work in there. I got connected with Lucy Gist who was at that time the director of Bethlehem Center which sits there. Do you know Bethlehem Centers?

JS: No

MW: It's an effort of the Methodist Church. And Lucy had been in Korea and in the same kind of capacity and was transferred then to Charlotte and was here for a number of years and got to know Lucy and really, really got connected with that neighborhood. I enjoyed that neighborhood. It was different and there wasn't all the violence then that there is now

JS: Yeah, I think with drugs things have changed. How was it different?

MW: You mean, different than it is today?

JS: Well, no, when you say you enjoyed the neighborhood because it was different. What do you mean by that?

MW: Well, different in that I had not experienced life like that before. And a lot of 1-parent families. Had not seen, been around a lot of that before. All, my background was, you had a mother and a Dad. And there were siblings there. And basically that Mom stayed home. And Dad worked. And almost everybody in there was a single-parent family. That was my first real exposure to that.

JS: What kind of services did the dept. have then, when you went into these homes, and you basically assessed how many members of the family were there and how much money they would get? What other services could you

MW: Well, what you were looking for then, were especially with the children, if there were medical problems down there. To be sure that there, if there things that needed to be corrected that they were attended to, or we found the resource for...immunizations, even back then we were concerned about immunizations for the kids, that the kids were in school, that they were doing well, did a lot of work with the public health nurse and with schools. Always, I guess, I can't remember a time when I didn't go into the schools at the same time to see how kids were doing, if there were problems there that we needed to follow up on, that I wasn't picking up at home. And with the public health nurse, between the public health nurse who was in the same community, and the public welfare worker, we got to know each other really well because we were serving the same families. Then, if something needed to be done and I was going that way then I would do it. If there was something that I needed and the public health nurse was going that way then she would get information or drop off something or pick up something that needed to be picked up.

JS: So the cooperation between you and the public health nurse was a very good and constructive one?

MW: yes, it was. And the schools. We still, in Pineville, there was still, what did they call that then. There was a special name. They had, in the black community there, the last

school, black school, where children, where there were children grades 1 through 12. And I forgot, they had a name for it and I can't remember what that name was. But that became a place that the public health nurse and I both could go to. We could have lunch there, we could exchange information and we could follow up with each other. And that was good. And that was an opportunity; we got to know the principal very well. I don't think we had a social worker at the school then, I am not sure but I don't believe there was.

JS: Yeah, I think that was probably before...

MW: Yeah.

JS: So, South Side was a black neighborhood?

MW: Mhm.

JS: Was it all black?

MW: Yes.

JS: I think, neighborhood integration started much later too?

MW: Well, there, there...

JS: if it started at all

MW: No, I don't think, it's still all black.

JS: Yeah, I think so too. When we were down it was

MW: I can't remember, I don't know that there is that much integrated public housing here at all. If there is I'd be surprised.

JS: How many black public welfare workers did the dept. have?

MW: Even then, when I was hired, probably a third of the staff was black. I was trying to think. The room, the little office that I worked in, there were three of us in there. Two white females and one black females. And then there was another room with four workers in it, that were all black, cause I think two of them were black males. So, we had a

JS: really, that's remarkable

MW: Yeah, and that was from the first day that I went to work. That staff was always integrated.

JS: Hunh, that's very interesting. Especially to have black men there. How was the relationship amongst public welfare workers? Would you get together and, like talk about problems and cases or did everybody just basically do their own thing?

MW: Well, I am not sure how much we talked about cases. We would in our little office. But, other than getting together and you might use a case when you were doing some training. They might use a case as an illustration, at that point. But, we early on, I think, we were all told that, you know, what your client tells you is confidential.

JS: ...is confidential, yeah.

MW: and we didn't discuss a lot. We really didn't. Out of, I guess respect at that point for the privacy of the client. Only what you needed to. But you didn't sit around and, I think, and talk about, I don't remember sitting around just talking about clients...If there was something funny that happened or something, like my identical twin business

JS: right

MW: You know, we'd talk about that. But, for the most part, I think we were all so tired by the time the day was over, or at lunchtime...

JS: ...yeah, that everybody just wanted to leave

MW: well, we left, and the other thing was, there were so many, at that point we would talk about our own kids and things outside work, at lunchtime

JS: but that also means, I assume, that most of the decisions that had to be made you had to make essentially by yourself, or maybe with the help of a supervisor.

MW: ...with the help of a supervisor. At that point, let's see, when I first started Katherine Knott was my supervisor. Then Bob Person was my sec...he was a black supervisor, and after Katherine I moved over to Bob Person. And Bob supervised me for probably a year and a half or so. And there were regular conferences and the cases that you had problems with or concerns about you had to get that agenda together and submit that, and these cases then, the problems discussed

JS: these were conferences between your supervisors and you

MW: yes

JS: there was nobody else there

MW: no

JS: that's interesting. And there weren't any regular staff meetings where other people would talk together or...

MW: there were regular sta...

JS: ...training sessions...

MW: There were training sessions but I don't remember us talking specific cases in training. There might be illustrations, but not by name. I can't remember us ever, except in, I was trying to think, when Charlie LouEllen came down here, later on, when he did case

consultation. He was with Duke. You know Charlie LouEllen? Have you heard the name?

JS: No I don't. Was he a professor there?

MW: He was, he is a psychiatrist, that was head of the, at that time head of the Adult Outpatient Psychiatric Unit. And he was under contract with the state to do psychiatric consultation. And as a part of that, the way he taught and trained, was by case. And we would, when he was scheduled to come here we would submit a case and with all the information, and, I think, I can't even remember if we dis...I am sure we must have, we might have disguised the name, I am not sure. Because we did, there was very detailed information in that and we mailed it out for him and then for all the participants who would come to this training session then they had a copy of that material. But I cannot remember if we disguised the name. I am thinking we probably did.

JS: you probably did.

MW: yeah.

JS: So, when you first started, I assume that, I would hope for your sake, that during the first couple weeks or couple days that you were going and doing visits that you went with somebody who had some experience. You didn't have to do the first one by yourself.

MW: Yes, that's right.

JS: Good thing.

[laughter]

MW: yes, I did. I went out with one of the persons, the workers that was in my office.

JS: OK

MW: Yes.

JS: And how long did you get to do it with her?

MW: a couple of weeks, I think.

JS: A couple of weeks? OK. And then she said, "OK, now you are on your own"?

[laughter]

JS: God, how intimidating. Now, when you started working as a public welfare worker did you already offer family planning services to your clients or did that start a little later?

MW: that started a little later.

JS: Do you remember when?

MW: You know, since you called I have tried my best to think when. Ahem, it was shortly after I started because I was still carrying a case load.

JS: I think 63 was when they officially started. Could that be?

MW: Well, I would have thought a little bit earlier.

JS: ...a little bit earlier...it could have been 62

MW: Yeah, a little bit earlier than that. Mhm. I still had a case load so I know it had to be early 60s.

JS: And did you get trained in that or did they just basically send out a memorandum saying, OK, now we are offering this, make this available to clients?

[phone rings]

MW: Excuse me, can you cut that? Let me get this.

MW: And I don't remember about training.

JS: OK

MW: I know I didn't go out there cold turkey. **We had some training of some kind. But I am not, I don't remember how it was done. There was publicity and clients were sharing information because I can still remember, in South Side Homes particularly, a couple clients who came up to the car to say "I want that pill." And so, it was well received, I remember, and it sold itself.** But I just, I cannot remember how the training was done. Did Jenny remember?

JS: No, she didn't. She thought that there were training sessions and that, no, she did a little bit, actually. She said that there were some training sessions in that the welfare workers would play, they would essentially role play, someone would take the position of clients and someone would take the position of welfare worker. But she said that was how they did a lot of training for the homemakers. That role playing. And then, I found in her papers a guide that was clearly for social workers, public welfare workers on how to teach and discuss and discuss family planning issues with the clients. And that guide, actually, was amazing because, not only did it, you know, go through the whole, not only did it provide the whole educational background that you needed for it, but it also discussed things like moral issues and, you know, things like is this forcing things down our clients throats or, you know, all of those other things that come into play. So I was actually very impressed with that. But when I asked Ed Chapin about that he said he didn't really remember that everybody went through that training. So, it's a little bit hard for me to guess..

MW: And I can't remember either. I honestly can't remember.

JS: Was there anything in terms of family planning that you could offer before the pill was, before this pill program was started?

MW: I don't remember us offering anything.

JS: Do you remember clients coming up and asking about something?

MW: NO, I really don't. I knew sterel...I remember working on some sterilization cases.

JS: Yeah, that was the next thing I was going to ask you about.

MW: And I can remember, I didn't have that many but I can remember one family where there were, there were daughters, a couple of daughters who were at Broughton, and an old grandfather who was trying to raise their children...the public health nurse and I were both involved in this. And I think those daughters were both sterilized.

JS: How did you determine who should get sterilized and who shouldn't?

MW: Well, I think it was a question of the capacity, whether they had the capacity to do something else, to prevent birth, especially then when they were on high doses of, I was trying to remember the drugs that some of these folks were on when they were at Broughton, and the follow-up, and there was still follow-up at that point.

JS: What is Broughton

MW: Broughton is the state mental institution at this end of the state...

JS: Oh, OK.

MW: ...that serves clients from Mecklenburg county. We didn't have the mental health services back in the 60s here that we have now. And, almost everybody was sent to Broughton Hospital.

JS: I see.

MW: But, I can remember that. And I remember Mary Brown, who worked a lot with Eugenic sterilizations. But sterilizations are what I heard more than anything else, until the pill.

JS: Is Mary Brown still around?

MW: No, she died several years ago.

JS: OK.

MW: She was older when I came to work.

JS: That has happened a lot these last couple of days. Did you, I assume you also had sterilizations of women who were not at Broughton.

MW: If they were, these would have been folks who had talked with the doctor at delivery and asked that they not, that their tubes be tied.

JS: I see. And those, would they also go through the Eugenics program or would they

MW: not for that kind

JS: they would go separately.

MW: Mhm.

JS: So, the only ones that you did were the ones that were at Broughton that were then coming to your attention.

MW: I did, I didn't have that many but I remember Mary working with me on a couple of eugenic ones, but normally public health nurse and I, if there was a case that really, the Mom's health was really in jeopardy, I can remember a couple cases that, sterilization, the tubes would be tied at delivery, maybe. Especially when there were 5, 6, 7, 8 children and there were large families back then. Cause they were still, we were still fairly rural here. And the culture, especially in the Southern part of the county here, and I suspect to some degree in the northern part, we were very rural, lots of cotton farms, I think I had, when I retired I threw away some pictures that I had taken back in the early 60s of the cotton fields back then. We had some Koreans who came to Bethlehem Center and I remember taking out them out to visit in the field and we were, I remember I had some pictures taken with them in the cotton fields in Pineville. And I just cannot remember other than a couple of cases of sterilization that I worked directly on.

JS: Yeah, I had the impression when talking to Ed that welfare workers essentially did what they thought was the thing to do. So, some of them would be very aggressive and they would essentially have their entire case load sterilized and some of them would be much more laissez faire. He said that there were a couple of welfare workers in the office next to him who essentially sterilized everybody who was in their case load.

MW: I can't remember that

JS: was it difficult to get the consent of family members for these sterilizations?

MW: I don't recall. **You don't just, that's a process that takes place over time. I don't ever remember that it was difficult, I think it was a timely process, that you recognized, helped clients recognize the difficulty and the problem that repeated pregnancies was having on the family and on the individual. And worked it from there. But I don't remember ever having to coerce anybody or to, I know we never just rushed into it. I didn't. But, I can't remember anything more than that.**

JS: So, somebody like this grandfather of the two girls at Broughton usually, you could explain the situation to him and...

MW: Well, you know as much as you can to somebody who has no education.

JS: Yeah.

MW: And, I mean he understood. He was a smart man, and loved his grandkids. He used to walk from Pineville all the way into town to bring those little kids in. And we'd get him back home. But he just wanted to be very self-sufficient and he was, he was old then. white haired. And, but he understood about his daughters. And

apparently got some support. I believe they must have been the youngest in the family. Cause I remember, his son had died not long ago. And, they were a very close knit family. But he had his hands full trying to deal with his daughters, he really did.

JS: So, what happened if clients did not want to give consent for sterilizations?

MW: I don't remember having that problem. I am assuming that the public health nurse and I would have stuck our heads together to find out "what do we do now?" I was very dependent on the public health nurse. I really was. I am sure we would have talked about it and tried to come up with the best plan we could to deal with it.

JS: Were there any abortion services back then that could be made available to clients?

MW: I can still remember, in the early 60s, a case or two that were active where we had women that bled to death with botched abortions that were done at home. And I know we all just couldn't believe that this had happened and I think the black workers would just look at me and shake their heads a little bit. Dummy. But, I don't think I had ever heard the term abortion before I went to work there.

JS: Really?

MW: I don't think I did, I don't think I did. I can't remember specifically when we started talking about abortion but I know when a young mother bled to death I thought, you know, "what in the world is going on?" Why has this happened...after this happened. And, you know, then we started talking about it and find out there are butchers out there everywhere who are willing to do things, if the price is right.

JS: Well, you know what I found the other day when I was reading stuff that there were in fact, physicians who claimed that women were pregnant and pretended to do an abortion when they weren't pregnant, just so that they could get the money. Which, I had never heard about that before. I just thought that was outrageous.

MW: I have never heard. But, when we finally got money for abortions, within the last couple weeks there has been an article in the paper here about some of the groups taking on some of the judges, because so many children, young people here in this area, will go to a judge to get consent for an abortion before they will talk with their parents. And I can understand that. I think anybody who has worked with kids can understand that.

JS: Yeah. I think so too.

MW: But, the pill was wonderful. It really was. It was acceptable and you've got, Mr. Kuralt, I am sure, told you how all that got started. He read an article, I think he was on the plane as well as I remember...

JS: Actually, Ed told me a little bit about this, that he read an article in *Reader's Digest* that this had been just discovered?

MW: Ahem, and it was, he was on an airplane. He'd somewhere and was coming back and called Dr. Corkey, found out about it, and got started, got the interest up, and then the drug company got interested. By the way, I bet you, if they haven't thrown it all out,

there was a 16 mm film that a TV station in Florida did that may still be over there with the training person at DSS.

JS: I should call them and ask.

MW: Yeah. It was...

JS: Was that about the pill? The training film?

MW: Mhm, it was.

JS: So this was what you were shown.

MW: Well, actually, it was shown in Florida, it was a special that they did for a television station in Florida.

JS: Oh, it was a special about the program here.

MW: ...here.

JS: OK, OK.

MW: And as a courtesy, they sent us a copy.

JS: Oh really,

MW: yeah. And it was a client of mine that was on the pill, who lived out in the country, had a house full of kids. And the sweetest lady. She and her husband. Her husband, I think, was a sanitation worker for the city. I can't remember for sure but I believe he was a sanitation worker and she just did a, she did a really nice job in the film. And she was a believer in the pill. I was trying to think what, the only other thing in hindsight that I question about those early efforts was the dosage on those things. God, I don't know whether there was any problem or any follow-up on it, but they were, that first Enovid was like 10 mg. And I thought that seemed like an awful high dosage based on what's prescribed now.

JS: Yeah, yeah, no it is. I think they were pretty heavy.

[laughter]

MW: OK

JS: So, most of the clients wanted this and received this.

MW: Actually, with the publicity and word of mouth, we would go out in the neighborhood, and they would approach you. "I want the pill." And am sure you have heard that probably from other folks too. But, it in essence sold itself. It was easy. All you had to do was remember to take it. It worked and you could talk about it. It was easier to talk about a pill than some other form of birth control. Remember what we had to offer then. It was condoms and diaphragms...

JS: yeah, I think diaphragms, and stuff like that. Because it separated from the act itself, I think that makes it much easier. You don't have to talk about the whole procedure. You just take it at some other point in time.

MW: Yeah. There were so few choices then, back in the 60s.

JS: Did you find it difficult to talk with your clients about these matters, from your own perspective, or did you feel comfortable enough to just, like, go out there and discuss these issues?

MW: Well, I can't remember not discussing, just discussing the issue, especially, if I sensed there was a need for this information.

JS: Right, right. Because I remember that Jenny said that when she started that she herself, and apparently a number of the home makers, had to learn to discuss these issues because they were not raised to talk about these things, you know. And I can imagine that it would be difficult if you...

MW: ...well, I don't remember it being that difficult. I really don't.

JS: OK. I think it would vary from person to person too.

MW: Yeah, it does. But if you look at what's the result of not doing it, it's so much worse. Then why don't go out there talking about it? There are just too many cases of things that happen. Ah, we didn't have all the abuse or neglect, **but just the grinding poverty of, what in the world will this lady do with another child. What chance does another child have in this family? And I think a lot of motivation for workers probably came from that. A lot of just knowing how hard it was for these families. And there were still some intact, I still had some intact families. I can remember families, and I still see things about them once in a while in the paper. Where the children that I worked with, where obviously they were loving, caring parents who wanted something better for their kids, but who were letting the act of having another child get in the way of trying to do some of the things they wanted to do for the children already they already have. And I think they could understand that. They really could. And then there were those who couldn't understand it. And they were the hardest to deal with.**

JS: How did you deal with them?

MW: Well, I'll be honest and say that really on some of these cases I'd take my lead from the nurse. I just was at a point, how do you explain when you got two very limited parents, how in the world do you get through to them. Example: I had a family where the husband was a lot older than the wife and they were almost at the river, which is the county line, and very, very rural out there then. And he was almost dead with heart trouble. Jenny was involved with that case too. In the homemakers, they sure were. And the wife was probably 30ish and had a household of little ones. I went down there one day to see how he was feeling, how they were doing, how they were getting along, I think we were probably already providing some transportation then, to get him into the doctor. And he told me his wife stepped in the creek. I said, "what?" He said "the wife, she

stepped in the creek," something like that. He was telling me that she was pregnant again. She stepped in the creek, she's pregnant again.

JS: God, to understand that language itself.

MW: Well, you know, I kept saying to myself he is trying to tell, what is he trying to tell me?

JS: Of course, I was taking it literally, immediately, wondering what she was doing in the water...

MW: Well, I did too. I did the same thing. But you know...

JS: So, how did you understand what he was talking about?

MW: I think I probably said to him, "Mr. White, I don't understand what you are trying to tell me."

JS: OK, and then he used...

MW: He may have told me, ask his wife. I am not so sure he probably wouldn't have told me to ask her. But I found out some way or another, we got the communication going. But I knew she was pregnant again. **But, and that family eventually, because of the seriousness of his health problems...and that baby was named for one of Jenny's homemakers...hunh....sure was. We moved them closer into town so that they could get to the health services that they needed. He had a really bad heart condition.** But, anyway, and I learned a lot from homemakers. I really did. Jenny's homemakers, I worked with Ida Bolten for, on a lot of cases. And Ida was just the most patient teacher you could ever have. And a lot of the black culture that I didn't understand I learned from Ida. And I loved to work with her on cases. **There was another case I had from that same area. We were just dealing with rural cases. And a family that, on a farm, they were tenants I guess. And there was another case where we had a mother with a mental problem. And the intake worker went down there and the only thing she found in the house was like a couple of turnips. And just a houseful of children. And the, I believe the husband was in jail, maybe. I am not even sure where he was. But anyway, Ida started working with them and we got the AFDC started, got things squared away, took them to the grocery store and the, I really wanted to make sure that the lady had what she needed to feed those children. And Ida had to help me understand where this lady was coming from as she bought groceries. Lots of chocolate cookies. She said, "now, stop and think. Here are children, who have been deprived, really deprived, and can you imagine how long it's been since anybody in that family had anything sweet?" And she helped me understand a little about where they came from. And, when she was buying the chocolate cookies, she was also buying Macrolina Can [?] which Ida helped me understand was really very nutritious for them and she had gotten a piece of steak which she put in a pot to boil. And I couldn't understand, I said, "now, she knows what she's doing," but the culture was very different. And I had to, I had to learn a lot of that. I think it took learning for anybody who has never been exposed to that to go into it.**

JS: It must have been very fortunate for you, then, to have had Ida because I can imagine if somebody doesn't have this form of cultural translation that you could misinterpret a lot of things that clients are doing.

MW: Oh yeah, it was just one...and all the homemakers were like that. I mean, there were white homemakers and there were black homemakers. Most of my cases were black families. And I just would not have made it if it hadn't been for those homemakers that I worked with. I learned as much from them as I did in formal training that we got.

[break in tape, turn to side 2]

JS: ...How did you convince them, or were you ever able to convince them to use some form of family planning? What services could you offer them so that they could...

MW: I believe that she had her tubes tied after that pregnancy. As well as I remember that was her last child.

JS: Would that be a eugenical or would that be another one

MW: no, that would just be consensual. Because I am not even sure that she could have functioned taking the pill. She was very limited, very limited. But I believe her tubes were tied at delivery.

JS: Do you think she understood that they were and what that meant

MW: I am sure she, I am not sure she understood the mechanics of it. I believe that she understood that she would have no more children.

JS: OK, OK, yeah, I assume she would have to consent to it anyways before they were doing it

MW: Oh yeah. **And, you know, when you have six or seven and you can't take care of them and you are burdened, and, she could understand, she did the best she could. When you have that many children and you are in that grinding poverty they were in...**

JS: did you ever have families that really needed family planning services but refused to take advantage of them? for whatever reasons.

MW: I honestly can't remember any. I cannot remember any**. If they were offered, they'd listen, and they'd make their decision, and I always left it up to them. "If you decide you want to do this let me know and I'll help you get hooked up with the service." And when they are getting this information from two sources, for the public health nurse and from the public welfare worker, I think they began to understand that it was something that we all felt could be of help.**

JS: Was the working relationship between the public health nurse and the public welfare worker as good in all the districts or did you have the impression that your relationship to your public health nurse was especially good?

MW: I think mine was especially good. I am not sure that it was that good in all the districts.

JS: Because one of the things that Ed Chapin was talking about this morning was that apparently, in general, public health and public welfare did not get along with each other. Which was the first time I'd heard about it but then he said that Kamp and Kuralt, for example, never even talked with each other because they hated each other so much. But of course, that doesn't necessarily translate down to the people who deliver the services.

MW: Well, when there are so few of you and there are so many people out there, if you don't do, you do that for self-preservation, I think. And they were such good public health nurses at that point. I always thought that I could learn from them and they knew more than I did most of the time. And had a lot of respect for those folks that worked out in the field.

JS: So, after you were done working in the field you became a supervisor.

MW: Yeah.

JS: How long were you a supervisor.

MW: couple of years

JS: and what happened then?

MW: I went to graduate school.

JS: Oh, right

MW: and when I came back I went into training, I did the training.

JS: Whom did you train?

MW: Social workers

JS: OK. And how did you train them?

[laughter]

MW: Well, we developed curriculum. Ah, got hooked up with the resources form the state, got hooked up with local resources, tried to